

CITY OF NORMAN, OK CITY COUNCIL FINANCE COMMITTEE MEETING

Municipal Building, Council Chambers, 201 West Gray, Norman, OK 73069 Thursday, February 17, 2022 at 4:00 PM

AGENDA

It is the policy of the City of Norman that no person or groups of persons shall on the grounds of race, color, religion, ancestry, national origin, age, place of birth, sex, sexual orientation, gender identity or expression, familial status, marital status, including marriage to a person of the same sex, disability, retaliation, or genetic information, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination in employment activities or in all programs, services, or activities administered by the City, its recipients, sub-recipients, and contractors. In the event of any comments, complaints, modifications, accommodations, alternative formats, and auxiliary aids and services regarding accessibility or inclusion, please contact the ADA Technician at 405-366-5424, Relay Service: 711. To better serve you, five (5) business days' advance notice is preferred.

CALL TO ORDER

AGENDA ITEMS

- 1. DISCUSSION AND REVIEW OF OUTSIDE AGENCY REPORTS AND/OR REQUESTS FROM THE FOLLOWING:
 - 1. Social and Voluntary Services Commission
 - 2. Veteran's Day Parade Committee
 - 3. Center for Children and Families
 - 4. Firehouse Art Center
 - 5. Cleveland County Historical Museum
 - 6. Sooner Theatre
 - 7. Aging Services Kiwanis Kruiser
 - 8. Performing Arts Studio (The Depot)
 - 9. Norman Economic Development Coalition
- 2. DISCUSSION REGARDING THE MONTHLY REVENUE AND EXPENDITURES REPORTS.
- 3. SUBMISSION OF THE REPORT ON OPEN POSITIONS

ADJOURNMENT





SOCIAL & VOLUNTARY SERVICES COMMISSION Phone: 405-366-5404

Item 1.

February 1, 2022

- To: City of Norman Finance Committee
- Re: Social and Voluntary Service Committee

The Social and Voluntary Services Commission (SVSC) was founded in 1973 as an advisory body to the Norman City Council regarding the evaluation of social services. The SVSC Commission consists of nine members each serving a three year term. The current members are: Kristal Hamm, Victoria Harrison, Josh Hinkle, Kurt Lee, Loida Salmond, Angela Steinle, Ann Way, and myself. I currently serve as the chair and Kristal Hamm the Vice-Chair. We have one vacancy that is pending City Council confirmation.

Within the Fiscal Year 2021-2022 City of Norman budget funding for social service agencies was increased to \$250,000 from the previous amount of \$175,000. A formal application process was held in which qualified interested agencies were required to submit an application that included information regarding the overall mission of the agency, specific project for which funding was being requested, financial information including budget summary and projected budget, copy of most recent audit, their 990 return for 2019, and a copy of IRS tax exempt status letter. The application also required a list of the current board members and staff members of the agency.

In 2021 the Social and Voluntary Services Commission meet in person and reviewed the submitted by 32 Norman service agencies. The submitted applications totaled \$247,000 in requests for funding. For the 2020 application cycle, a \$10,000 application cap was enacted. The cap was enacted to be able to assist more agencies. The applications received for the previous cycle prior to the implementation of the \$10,000 application cap totaled \$345,000. During the review of each application, Commissioners discussed any questions or clarifications that were needed from the applicant. Staff obtained this information from the agencies and forwarded the responses to the Commissioners. All submitted applications for funding were approved although some were for less than requested.

After the initial meeting of the commission and prior to the funding meeting, each Commission member evaluated each of the applications independently and determined an appropriate funding level within the allowable total of \$225,000. These results were provided to staff and compiled into a spreadsheet. At the funding meeting the Commission reviewed the compilation of budgets and discussed the criteria that the Commission members applied to each funding proposal. The Commission evaluated multiple subjects including but not limited to: possibilities of duplications of efforts, past performance of the

agency and potential for other funding sources.

Agency project funding is administered on a reimbursement basis. Payments are made as invoices with appropriate documentation of project execution and receipts are received. Each of the funded agencies are visited a minimum of once during the fiscal year by Commission members. During the pandemic these visits are conducted virtually. We will to return to physical site visits as soon as this is safe for commissioners and agency staff. During visits we inquire about future trends, any special challenges for the organizations and how partnerships with others doing work in this field can be established. The visits are not only to check for contract compliance in expending the awarded funds, but also allow commissioners to assess possible needs in our community.

It is no surprise that the pandemic was had a profound effect on the Norman Non-Profit community. As individuals and established funders have experienced the contraction of the economy, less funding has been made available than in previous years. In addition to this deficiency, many funding entities have decided to swing the focus of funding to COVID specific needs. While understandable, this creates a scarcity of normal operating funds. As agencies can only spend funds on the projects and programs specifically funded this creates a Catch 22 effect. Agencies can have hundreds of thousands of programmatic dollars to spend but struggle to pay rent, utility and administrative costs that enable them to keep the doors open. The SVSC is a funder that allows for, and during the pandemic has made known that general operational funding requests are welcome.

The Social and Voluntary Services Commission respectfully requests the consideration of a minimum of \$225,000 of funding to be included within the City of Norman FYE23 Budget. Any increase will be a necessary safety-net for the amazing agencies that make up the social safety net for our community.

If you have any questions regarding the Social and Voluntary Services Commission please do not hesitate to contact me at (405) 471-2666 or Lisa Krieg, our City staff liaison.

Regards,

Heidi Smith Chair, City of Norman SVSC 413 English Elm Lane, Norman, OK 73069 (405) 471-2666 heidi@heidismith.com

NORMAN VETERANS COMMITTEE P.O. BOX 370 NORMAN, OK 73070

January 12, 2022

Kim Coffman Budget Manager City of Norman 201 W. Gray Street Bldg. C Norman, OK 73069

RE: City of Norman Veterans Day Parade Committee

We are requesting up to \$530.00 to cover insurance for the City of Norman Veterans Day Parade/Static Event to be held at Reaves Park at a date yet to be determined near November 11, 2022. Last year the insurance was approximately \$424.00; however, with rising costs, we are expecting a possible increase due to inflation and our request should cover the cost.

We appreciate the support you have provided to us these last few years in providing insurance and hope that the City will be able to do this again for 2022.

We currently have approximately \$2,368.20 in an account through the Norman Park Foundation. All funds were received as donations. Our 2021 expenses were approximately \$313.50 for gas for airplane flyovers. Veterans continue to seek monetary donations each year to help defray the cost of the expenses. We have also received in-kind donations from various restaurants to cover refreshments and from printers to cover the cost of posters.

Thanking you in advance for your consideration of our request.

Sincerely,

Ros Dallagher by Kjo

Roger Gallagher, Chairman Norman Veterans Committee 2513 Woodsong Drive Norman, OK 73071 (405) 329-4395 rgatpok@sbcglobal.net

Center for Children & Families, Inc. Norman, Oklahoma

REPORT ON AUDIT OF FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

For the Year Ended December 31, 2020

SAUNDERS & ASSOCIATES, PLLC Certified Public Accountants 630 East 17th Street P. O. Box 1406 Ada, Oklahoma 74820 (580) 332-8548 FAX: (580) 332-2272 Website: www.saunderscpas.com Item 1.

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December 31, 2020

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Item 1.

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Saunders & Associates, PLLC

Certified Public Accountants

630 East 17th Street * P. O. Box 1406 * Ada, Oklahoma 74820 * (580) 332-8548 * FAX: (580) 332-2272 *Website: www.saunderscpas.com*

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Center for Children & Families, Inc.

We have audited the accompanying financial statements of Center for Children & Families, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Governmental Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Center for Children & Families, Inc.'s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center for Children & Families, Inc.'s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Center for Children & Families, Inc. as of December 31, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), is presented for purposes of additional analysis and is not a required part of the financial statements. In addition, the accompanying supplemental information, as listed in the preceding table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting to prepare the financial statements or to the financial statements themselves, and other records used to prepare the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required By Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated May 24, 2021 on our consideration of Center for Children & Families, Inc.'s internal control over financial reporting and on our tests of compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of Center for Children & Families, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Center for Children & Families, Inc.'s internal control over financial reporting and compliance.

Sounder & assister, PUC

SAUNDERS & ASSOCIATES, PLLC Certified Public Accountants Ada, Oklahoma

May 24, 2021

FINANCIAL INFORMATION

STATEMENT OF FINANCIAL POSITION

December 31, 2020 (With Comparative Totals for 2019)

| ASSETS | - | Without Donor Restrictions | With Donor Restrictions | 2020 Total | 2019 Total |
|--|-----|----------------------------------|---|-------------------|---------------|
| Current Assets: | | | | | |
| Cash and Cash Equivalents | \$ | 876,211 \$ | (112,014) \$ | 764,197 \$ | 399,653 |
| Unconditional Promises to Give: | Ψ | 070,211 φ | (112,014) ψ | 704,107 φ | 000,000 |
| United Way Services Funding for 20-21 | | 0 | 79,249 | 79,249 | 76,172 |
| Pledges Receivable | | 138,695 | 0 | 138,695 | 220,846 |
| Accounts Receivable | | 204,953 | 0 | 204,953 | 65,436 |
| Inventory | | 8,194 | 0 | 8,194 | 1,386 |
| Prepaid Expenses | | 8,215 | 0 | 8,215 | 11,301 |
| Security Deposits | | 0 | 0 | 0,210 | 29 |
| Total Current Assets | - | 1,236,268 | (32,765) | 1,203,503 | 774,823 |
| | - | 1,200,200 | (02,100) | 1,200,000 | 111,020 |
| Noncurrent Assets: | | | | | |
| Investments | | 0 | 218,138 | 218,138 | 204,167 |
| Pledges Receivable, net | | 0 | 114,597 | 114,597 | 305,787 |
| Property & Equipment | | 3,342,873 | 0 | 3,342,873 | 3,319,852 |
| Less: Accumulated Depreciation | | (477,760) | 0 | (477,760) | (401,133) |
| Total Noncurrent Assets | - | 2,865,113 | 332,735 | 3,197,848 | 3,428,673 |
| | - | , , _ | , | , , | , , |
| TOTAL ASSETS | \$_ | 4,101,381 \$ | 299,970 \$ | 4,401,351 \$ | 4,203,496 |
| | | | | | |
| LIABILITIES AND NET ASSETS | | | | | |
| Current Liabilities: | • | 5 7 04 \$ | 0.0 | 5 704 # | 0 70 4 |
| Accounts Payable | \$ | 5,781 \$ | 0 \$ | 5,781 \$ | 3,734 |
| Accrued Expenses | | 874 | 0 | 874 | 151 |
| Long-Term Debt - Current Portion | - | 0 | 0 | 0 | 0 |
| Total Current Liabilities | - | 6,655 | 0 | 6,655 | 3,885 |
| Noncurrent Liabilities: | | | | | |
| | | 150,000 | 287,100 | 437,100 | 71,693 |
| Long-Term Debt Liability for Compensated Absences | | 44,087 | 207,100 | 437,100 44,087 | 30,515 |
| Total Noncurrent Liabilities | - | 194,087 | 287,100 | 481,187 | 102,208 |
| Total Liabilities | - | 200,742 | 287,100 | 487,842 | 102,208 |
| Total Liabilities | - | 200,742 | 207,100 | 407,042 | 100,093 |
| Net Assets: | | | | | |
| Without Donor Restrictions | | 3,900,639 | 0 | 3,900,639 | 3,746,749 |
| With Donor Restrictions | | 3,900,039 0 | 12,870 | 12,870 | 350,654 |
| Total Net Assets | - | 3,900,639 | 12,870 | 3,913,509 | 4,097,403 |
| | - | 0,000,000 | 12,070 | 0,010,000 | +,001,100 |
| TOTAL LIABILITIES AND NET ASSETS | \$_ | 4,101,381 \$ | 299,970 \$ | 4,401,351 \$ | 4,203,496 |

STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2020 (With Comparative Totals for 2019)

| REVENUE AND SUPPORT Grants and Contracts \$ 86,305 \$ 841,144 \$ 927,449 \$ 743,678 Contributions: United Way Services 287 156,165 156,452 153,769 Divorce Services 0 12,500 12,500 15,000 15,000 Parenting Assistance 0 2,000 2,000 2,400 Counseling Services 0 10,150 10,150 22,000 2,400 Counseling Services 0 113,119 93,016 04,934 0304,934 0304,934 304,934 109,504 Other 848,514 138,994 199,504 016,465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restrictions - Capital Acq. 0 0 0 0 Satisfaction of Program Restrictions - Capital Acq. 0 0 0 0 0 0 Total Revenues 1,698,686 1,1970 2,395 0 1,98,686 1,680,259 EXPENSES Program Expense 1,977,335 | | _ | Without Donor Restrictions | | With Donor Restrictions | _ | 2020 Total | . – | 2019 Total |
|---|---|----|----------------------------------|----|----------------------------|----|---------------|-----|---------------|
| Contributions: United Way Services 287 156,165 156,452 153,769 Bringing Up Babies 0 12,500 10,000 10,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 12,500 10,000 2,400 Counseling Services 0 10,150 10,150 22,000 2,000 2,000 2,000 13,119 113,119 93,016 0ther 304,934 0 304,934 199,504 0ther 304,934 109,504 0ther 6,365 100 6,465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restrictions - United Way 156,165 0 | | | | | | | | | |
| United Way Services 287 156,165 156,452 153,769 Bringing Up Babies 0 12,500 12,500 10,000 Divorce Services 0 15,000 15,000 15,000 Courseling Services 0 10,150 22,000 2,400 Courseling Services 0 10,150 10,150 22,000 Boys & Girls Club of Norman 0 113,119 113,119 93,016 Other Other 304,934 0 304,934 370,587 Program and Class Fees 50 138,944 138,994 199,504 Other Revenue 6,365 100 6,465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restrictions - Capital Acq. 0 0 0 0 0 Satisfaction of Program Restrictions - Capital Acq. 0 0 0 0 0 Satisfaction of Program Restrictions 1,698,686 1,639,633 1630,633 119,376 129,5007 <td></td> <td>\$</td> <td>86,305</td> <td>\$</td> <td>841,144</td> <td>\$</td> <td>927,449</td> <td>\$</td> <td>743,678</td> | | \$ | 86,305 | \$ | 841,144 | \$ | 927,449 | \$ | 743,678 |
| Bringing Up Babies 0 12,500 12,500 12,500 10,000 Divorce Services 0 15,000 15,000 15,000 15,000 Parenting Assistance 0 10,150 10,150 22,000 2,000 Boys & Girls Club of Norman 0 113,119 113,119 93,016 Other 304,934 0 304,934 370,587 Program and Class Fees 50 138,944 138,994 199,504 Other Revenue 6,365 100 6.465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restrictions - United Way 156,165 0 0 0 0 Satisfaction of Purpose Restrictions - Capital Acq. 0 0 0 0 0 Total Revenues 1,542,521 .0 1,638,686 1,688,686 1,689,686 1,689,686 1,639,063 Mental Heatit Consulting 11,970 0 11,970 25,007 General and Administrative Expenses < | | | | | | | | | |
| Divorce Services 0 15,000 15,000 15,000 Parenting Assistance 0 2,000 2,000 2,400 Counseling Services 0 10,150 10,150 22,000 Boys & Girls Club of Norman 0 113,119 113,119 93,016 Other 304,934 0 304,934 370,587 Program and Class Fees 50 138,944 138,994 199,504 Other Revenue 6,365 100 6,465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restrictions - Capital Acq. 0 0 0 0 Satisfaction of Purpose Restrictions - Capital Acq. 0 0 0 0 0 Total Revenues 1,698,686 1,698,686 1,639,063 148,225 0 2,000 EXPENSES 119,378 0 119,378 19,378 19,378 19,363 Mental Health Consulting 11,970 0 11,970 2,395 | • | | 287 | | | | | | |
| Parenting Assistance 0 2,000 2,000 2,400 Counseling Services 0 10,150 10,150 22,000 Boys & Girls Club of Norman 0 113,119 113,119 93,016 Other 304,934 0 304,934 304,934 370,587 Program and Class Fees 50 138,944 138,994 199,504 Other Revenue 6,365 100 6,465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restrictions - United Way 156,165 (156,165) 0 0 Satisfaction of Time Restrictions - Capital Acq. 0 0 0 0 0 Satisfaction of Program Restrictions 1,542,521 (1,542,521) 0 0 0 0 Total Revenues 1,698,686 0 1,698,686 1,639,063 119,378 129,639 Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 144,906 144,90 | | | 0 | | , | | , | | |
| Counseling Services 0 10,150 10,150 22,000 Boys & Girls Club of Norman 0 113,119 113,119 93,016 Other 304,934 0 304,934 0 304,934 138,994 199,504 Program and Class Fees 50 138,944 138,994 199,504 0 6,465 7,659 In-Kind 13,073 71,780 84,853 62,646 0 | | | 0 | | | | | | |
| Boys & Girls Club of Norman 0 113,119 113,119 93,016 Other 304,934 0 304,934 0 304,934 370,587 Program and Class Fees 50 138,944 138,994 199,504 Other Revenue 6,365 100 6,465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restrictions - United Way 156,165 (156,165) 0 0 Satisfaction of Time Restrictions - Capital Acq. 0 0 0 0 0 Satisfaction of Program Restrictions 1,542,521 (1,542,521) 0 0 0 Total Revenues 1,698,686 0 1,698,686 1,639,063 1,698,686 1,639,063 Mental Health Consulting 11,970 0 119,378 129,639 2,395 8,927 Fund Raising Expense 1,698,686 0 1,698,686 1,639,063 1,977,335 1,950,864 Change in Net Assets Before 0 1,977,335 0< | | | 0 | | | | , | | |
| Other 304,934 0 304,934 370,587 Program and Class Fees 50 138,944 138,994 199,504 Other Revenue 6,365 100 6,465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restrictions - United Way 156,165 (156,165) 0 0 Satisfaction of Purpose Restrictions - Capital Acq. 0 0 0 0 0 Satisfaction of Program Restrictions 1,542,521 (1,542,521) 0 0 0 Total Revenues 2,109,700 (337,784) 1,771,916 1,680,259 EXPENSES Program Expense 1,698,686 0 1,698,686 1,639,063 Mental Health Consulting 11,970 0 11,970 25,007 General and Administrative Expenses 119,378 0 119,378 129,639 Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 144,906 144,928 | | | 0 | | | | | | |
| Program and Class Fees50138,944138,994199,504Other Revenue $6,365$ 100 $6,465$ 7,659In-Kind13,07371,78084,853 $62,646$ Net Assets Released From Restriction:Satisfaction of Time Restrictions - United Way156,16500Satisfaction of Purpose Restrictions - Capital Acq.0000Satisfaction of Program Restrictions $1,542,521$ $(1,542,521)$ 00Total Revenues $2,109,700$ $(337,784)$ $1,771,916$ $1,680,259$ EXPENSESProgram Expense $1,698,686$ 0 $1,698,686$ $1,639,063$ Mental Health Consulting $11,970$ 0 $11,970$ $25,007$ General and Administrative Expenses $119,378$ 0 $119,378$ $129,639$ Capital Campaign $2,395$ 0 $2,395$ $8,927$ Fund Raising Expense $144,906$ 0 $144,228$ Total Expenses $1,977,335$ 0 $1,977,335$ Interest $5,778$ 0 $5,778$ $4,080$ Unrealized Gain (Loss) on Investments $15,747$ 0 $15,747$ $30,006$ Total Other Gains and Losses: $153,890$ $(337,784)$ $(183,894)$ $(236,519)$ Net Assets, Beginning of Year $3,746,749$ $350,654$ $4,097,403$ $4,333,922$ | | | · · | | 113,119 | | | | |
| Other Revenue 6,365 100 6,465 7,659 In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restriction: Satisfaction of Time Restrictions - United Way 156,165 (156,165) 0 0 Satisfaction of Purpose Restrictions - Capital Acq. 0 0 0 0 0 Satisfaction of Program Restrictions 1,542,521 (1,542,521) 0 0 0 Total Revenues 2,109,700 (337,784) 1,771,916 1,680,259 EXPENSES Program Expense 1,698,686 0 1,698,686 1,639,063 Mental Health Consulting 119,378 0 119,378 129,639 Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 0 144,906 144,228 Total Expenses 1,977,335 0 1,977,335 1,950,864 Change in Net Assets Before 0 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments <td>-</td> <td></td> <td>304,934</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>370,587</td> | - | | 304,934 | | - | | | | 370,587 |
| In-Kind 13,073 71,780 84,853 62,646 Net Assets Released From Restriction: Satisfaction of Time Restrictions - Capital Acq. 0 | | | | | 138,944 | | | | |
| Net Assets Released From Restriction: Satisfaction of Time Restrictions - United Way Satisfaction of Purpose Restrictions - Capital Acq. O O Satisfaction of Program Restrictions Total Revenues156,165 (156,165)0 0 0 00 0 0EXPENSES Program Expense Program Expense1,698,686 (1,542,521)0 | Other Revenue | | 6,365 | | 100 | | 6,465 | | 7,659 |
| Satisfaction of Time Restrictions - United Way 156,165 (156,165) 0 0 Satisfaction of Purpose Restrictions - Capital Acq. 0 0 0 0 0 Satisfaction of Program Restrictions 1,542,521 0 0 0 0 Total Revenues 2,109,700 (337,784) 1,771,916 1,680,259 EXPENSES Program Expense 1,698,686 0 1,698,686 1,639,063 Mental Health Consulting 11,970 0 119,378 129,639 Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 0 144,228 1,950,864 Change in Net Assets Before 1,977,335 0 1,977,335 1,950,864 Other Gains and Losses: 1 1,977,335 0 1,5747 30,006 Interest 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Total Other Gains and Losses 21,525 0 21,525 34,086 Change in Net Assets 153,890 </td <td>In-Kind</td> <td></td> <td>13,073</td> <td></td> <td>71,780</td> <td></td> <td>84,853</td> <td></td> <td>62,646</td> | In-Kind | | 13,073 | | 71,780 | | 84,853 | | 62,646 |
| Satisfaction of Purpose Restrictions - Capital Acq.00000Satisfaction of Program Restrictions $1.542.521$ $(1.542.521)$ 00Total Revenues $2.109,700$ $(337,784)$ $1.771.916$ $1.680.259$ EXPENSESProgram Expense $1.698.686$ 0 $1.698.686$ $1.639.063$ Mental Health Consulting 11.970 0 11.970 25.007 General and Administrative Expenses 119.378 0 119.378 129.639 Capital Campaign 2.395 0 2.395 8.927 Fund Raising Expense 144.906 0 144.906 148.228 Total Expenses $1.977.335$ 0 $1.977.335$ $1.950.864$ Change in Net Assets Before 132.365 (337.784) (205.419) (270.605) Other Gains and Losses: 15.747 0 15.747 30.006 Interest 5.778 0 5.778 4.080 Unrealized Gain (Loss) on Investments 15.747 0 15.747 30.006 Total Other Gains and Losses 21.525 0 21.525 34.086 Change in Net Assets 153.890 (337.784) (183.894) (236.519) Net Assets, Beginning of Year $3.746.749$ 350.654 $4.097.403$ $4.333.922$ | Net Assets Released From Restriction: | | | | | | | | |
| Satisfaction of Program Restrictions Total Revenues $1,542,521$ $2,109,700$ $(1,542,521)$ $(337,784)$ 0 $1,771,916$ 0 $1,680,259$ EXPENSES Program Expense Mental Health Consulting General and Administrative Expenses Capital Campaign Total Expense $1,698,686$ $119,378$ 0 $119,378$ $1,639,063$ $11,970$ Capital Campaign Fund Raising Expense Total Expenses $1,698,686$ $119,378$ 0 $119,378$ $129,639$ $2,395$ 0 $2,395$ $2,395$ $8,927$ Fund Raising Expense Total Expenses $144,906$ $1,977,335$ $144,906$ $1,977,335$ $144,906$ $1,977,335$ $148,228$ $1,977,335$ Change in Net Assets Before Other Gains and Losses: Interest Total Other Gains and Losses: $5,778$ $15,747$ 0 $21,525$ 0 $21,525$ 0 $34,086$ Change in Net Assets $15,747$ 0 $21,525$ 0 $21,525$ 0 $34,086$ Change in Net Assets $153,890$ $3,746,749$ $(337,784)$ $(183,894)$ $(236,519)Net Assets, Beginning of Year3,746,7493,746,749350,6544,097,4034,333,922$ | Satisfaction of Time Restrictions - United Way | | 156,165 | | (156,165) | | 0 | | 0 |
| Total Revenues 2,109,700 337,784 1,771,916 1,680,259 EXPENSES Program Expense 1,698,686 0 1,698,686 1,639,063 Mental Health Consulting 11,970 0 11,970 25,007 General and Administrative Expenses 119,378 0 119,378 129,639 Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 0 144,906 148,228 Total Expenses 1,977,335 0 1,977,335 1,950,864 Change in Net Assets Before 0 1,977,335 1,950,864 Other Gains and Losses: 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: 15,747 0 15,747 30,006 Interest 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Satisfaction of Purpose Restrictions - Capital Acq. | | 0 | | 0 | | 0 | | 0 |
| EXPENSES Image: mail of the system Image: mail of the system <thimage: mail="" of="" system<="" th="" the=""> Image: mail of the s</thimage:> | Satisfaction of Program Restrictions | _ | 1,542,521 | _ | (1,542,521) | _ | 0 | _ | 0 |
| Program Expense 1,698,686 0 1,698,686 1,639,063 Mental Health Consulting 11,970 0 11,970 25,007 General and Administrative Expenses 119,378 0 119,378 129,639 Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 0 144,906 148,228 Total Expenses 1,977,335 0 1,977,335 1,950,864 Change in Net Assets Before 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: 15,747 0 15,747 30,006 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Total Revenues | | 2,109,700 | | (337,784) | | 1,771,916 | | 1,680,259 |
| Program Expense 1,698,686 0 1,698,686 1,639,063 Mental Health Consulting 11,970 0 11,970 25,007 General and Administrative Expenses 119,378 0 119,378 129,639 Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 0 144,906 148,228 Total Expenses 1,977,335 0 1,977,335 1,950,864 Change in Net Assets Before 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: 15,747 0 15,747 30,006 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | | _ | | _ | | | | _ | |
| Mental Health Consulting $11,970$ 0 $11,970$ $25,007$ General and Administrative Expenses $119,378$ 0 $119,378$ $129,639$ Capital Campaign $2,395$ 0 $2,395$ $8,927$ Fund Raising Expense $144,906$ 0 $144,906$ $148,228$ Total Expenses $1,977,335$ 0 $1,977,335$ $1,950,864$ Change in Net Assets Before $132,365$ $(337,784)$ $(205,419)$ $(270,605)$ Other Gains and Losses: $132,365$ $(337,784)$ $(205,419)$ $(270,605)$ Other Gains and Losses: $15,747$ 0 $15,747$ $30,006$ Unrealized Gain (Loss) on Investments $15,747$ 0 $21,525$ $34,086$ Change in Net Assets $153,890$ $(337,784)$ $(183,894)$ $(236,519)$ Net Assets, Beginning of Year $3,746,749$ $350,654$ $4,097,403$ $4,333,922$ | EXPENSES | | | | | | | | |
| General and Administrative Expenses 119,378 0 119,378 129,639 Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 0 144,906 148,228 Total Expenses 1,977,335 0 1,977,335 1,950,864 Change in Net Assets Before 0 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Total Other Gains and Losses 21,525 0 21,525 34,086 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Program Expense | | 1,698,686 | | 0 | | 1,698,686 | | 1,639,063 |
| Capital Campaign 2,395 0 2,395 8,927 Fund Raising Expense 144,906 0 144,906 148,228 Total Expenses 1,977,335 0 1,977,335 1,950,864 Change in Net Assets Before 0 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Total Other Gains and Losses 21,525 0 21,525 34,086 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Mental Health Consulting | | 11,970 | | 0 | | 11,970 | | 25,007 |
| Fund Raising Expense Total Expenses 144,906 0 144,906 148,228 Total Expenses 1,977,335 0 1,977,335 1,950,864 Change in Net Assets Before Other Gains and Losses 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: Interest Unrealized Gain (Loss) on Investments Total Other Gains and Losses 5,778 0 5,778 4,080 Change in Net Assets 15,747 0 15,747 30,006 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | General and Administrative Expenses | | 119,378 | | 0 | | 119,378 | | 129,639 |
| Total Expenses 1,977,335 0 1,977,335 1,950,864 Change in Net Assets Before Other Gains and Losses 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: Interest 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments Total Other Gains and Losses 15,747 0 15,747 30,006 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Capital Campaign | | 2,395 | | 0 | | 2,395 | | 8,927 |
| Change in Net Assets Before Other Gains and Losses 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: Interest 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments Total Other Gains and Losses 15,747 0 15,747 30,006 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Fund Raising Expense | | 144,906 | | 0 | | 144,906 | | 148,228 |
| Other Gains and Losses 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: Interest 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Total Other Gains and Losses 21,525 0 21,525 34,086 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Total Expenses | | 1,977,335 | | 0 | | 1,977,335 | | 1,950,864 |
| Other Gains and Losses 132,365 (337,784) (205,419) (270,605) Other Gains and Losses: Interest 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Total Other Gains and Losses 21,525 0 21,525 34,086 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Change in Net Assets Before | | | - | | - | | - | |
| Interest 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Total Other Gains and Losses 21,525 0 21,525 34,086 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Other Gains and Losses | | 132,365 | | (337,784) | | (205,419) | | (270,605) |
| Interest 5,778 0 5,778 4,080 Unrealized Gain (Loss) on Investments 15,747 0 15,747 30,006 Total Other Gains and Losses 21,525 0 21,525 34,086 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | | | | | | | | | |
| Unrealized Gain (Loss) on Investments Total Other Gains and Losses 15,747 21,525 0 15,747 21,525 30,006 21,525 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Other Gains and Losses: | | | | | | | | |
| Total Other Gains and Losses 21,525 0 21,525 34,086 Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Interest | | 5,778 | | 0 | | 5,778 | | 4,080 |
| Change in Net Assets 153,890 (337,784) (183,894) (236,519) Net Assets, Beginning of Year 3,746,749 350,654 4,097,403 4,333,922 | Unrealized Gain (Loss) on Investments | | 15,747 | | 0 | | 15,747 | | 30,006 |
| Net Assets, Beginning of Year <u>3,746,749</u> <u>350,654</u> <u>4,097,403</u> <u>4,333,922</u> | Total Other Gains and Losses | _ | 21,525 | • | 0 | | 21,525 | | 34,086 |
| Net Assets, Beginning of Year <u>3,746,749</u> <u>350,654</u> <u>4,097,403</u> <u>4,333,922</u> | | - | | | | - | | - | |
| | Change in Net Assets | | 153,890 | | (337,784) | | (183,894) | | (236,519) |
| NET ASSETS, END OF YEAR \$ 3,900,639 \$ 12,870 \$ 3,913,509 \$ 4,097,403 | Net Assets, Beginning of Year | - | 3,746,749 | • | 350,654 | - | 4,097,403 | · - | 4,333,922 |
| | NET ASSETS, END OF YEAR | \$ | 3,900,639 | \$ | 12,870 | \$ | 3,913,509 | \$ | 4,097,403 |

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2020 (With Comparative Totals for 2019)

| | _ | Divorce Services | Parents' Assistance | Bringing Up Babies | - | Counseling |
|-------------------------------------|-----|---------------------|----------------------------|------------------------------|----|------------|
| EXPENSES | | | | | | |
| Salaries and Wages | \$ | 58,860 | \$ 134,586 | \$ 57,034 | \$ | 398,763 |
| Fringe Benefits and Taxes | | 16,637 | 41,913 | 16,060 | | 115,248 |
| Accounting | | 366 | 1,637 | 751 | | 3,318 |
| Advertising | | 0 | 35 | 0 | | 70 |
| Bank Service Charges | | 549 | 0 | 0 | | 4 |
| Client Support | | 140 | 3,036 | 307 | | 2,478 |
| Communications | | 1,207 | 1,303 | 1,071 | | 5,471 |
| Conferences, Conventions & Meetings | | 468 | 480 | 1,117 | | 2,685 |
| Consultants and Contract Labor | | 3,235 | 5,003 | 523 | | 52,631 |
| Depreciation Expense | | 5,434 | 8,395 | 2,727 | | 29,795 |
| Dues, Subscriptions & Licensure | | 2,885 | 4,592 | 659 | | 15,470 |
| Equipment Rent & Maintenance | | 204 | 325 | 118 | | 768 |
| Equipment Acquisition | | 339 | 685 | 346 | | 1,945 |
| Insurance | | 1,182 | 5,283 | 2,426 | | 10,711 |
| Interest | | 0 | 0 | 0 | | 0 |
| Mileage & Travel | | 0 | 14 | 221 | | 289 |
| Miscellaneous | | 223 | 552 | 215 | | 1,438 |
| Occupancy | | 2,409 | 5,544 | 2,658 | | 17,195 |
| Office Supplies | | 331 | 932 | 405 | | 2,274 |
| Supplies - Other | | 94 | 146 | 57 | | 507 |
| Postage | | 30 | 61 | 96 | | 175 |
| Printing & Artwork | | 1,685 | 1,158 | 434 | | 2,575 |
| Program Materials | | 66 | 53 | 195 | | 5,406 |
| Program Snacks | | 293 | 509 | 117 | | 2,182 |
| In-Kind Expenses: | | | | | | , |
| Space | | 0 | 0 | 0 | | 0 |
| Goods | | 7,304 | 10,763 | 2,976 | | 26,935 |
| Professional Services | _ | 0 | 0 | 0 | - | 0 |
| TOTAL EXPENSES | \$_ | 103,941 | \$ 227,005 | \$ 90,513 | \$ | 698,333 |

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2020 (With Comparative Totals for 2019)

| | - | Boys & Girls Club of Norman | | Total Program Expenses | Mental Health Consulting | | General and Admin. Expense |
|-------------------------------------|----|-----------------------------------|----------|------------------------------|--------------------------------|----------|-------------------------------------|
| EXPENSES | • | 070 550 | ~ | 005 705 | ^ 0 | ~ | 00.405 |
| Salaries and Wages | \$ | 276,552 | \$ | 925,795 | | \$ | 69,465 |
| Fringe Benefits and Taxes | | 77,821 | | 267,679 | 0 | | 16,723 |
| Accounting | | 3,165 | | 9,237 | 0 | | 748 |
| Advertising | | 35 | | 140 | 0 | | 70 |
| Bank Service Charges | | 5 | | 558 | 0 | | 5,757 |
| Client Support | | 2,827 | | 8,788 | 0 | | 1,370 |
| Communications | | 5,817 | | 14,869 | 0 | | 942 |
| Conferences, Conventions & Meetings | | 1,916 | | 6,666 | 0 | | 942 |
| Consultants and Contract Labor | | 40,988 | | 102,380 | 11,655 | | 69 |
| Depreciation Expense | | 19,964 | | 66,315 | 0 | | 4,584 |
| Dues, Subscriptions & Licensure | | 8,558 | | 32,164 | 0 | | 695 |
| Equipment Rent & Maintenance | | 815 | | 2,230 | 0 | | 144 |
| Equipment Acquisition | | 39,010 | | 42,325 | 0 | | 435 |
| Insurance | | 10,226 | | 29,828 | 0 | | 2,416 |
| Interest | | 0 | | 0 | 0 | | 0 |
| Mileage & Travel | | 471 | | 995 | 0 | | 269 |
| Miscellaneous | | 2,943 | | 5,371 | 315 | | 2,758 |
| Occupancy | | 35,112 | | 62,918 | 0 | | 2,551 |
| Office Supplies | | 2,737 | | 6,679 | 0 | | 1,144 |
| Supplies - Other | | 342 | | 1,146 | | | 194 |
| Postage | | 150 | | 512 | 0 | | 132 |
| Printing & Artwork | | 2,395 | | 8,247 | 0 | | 604 |
| Program Materials | | 16,067 | | 21,787 | 0 | | 596 |
| Program Snacks | | 7,176 | | 10,277 | 0 | | 0 |
| In-Kind Expenses: | | | | | | | |
| Space | | 0 | | 0 | 0 | | 150 |
| Goods | | 23,802 | | 71,780 | 0 | | 5,270 |
| Professional Services | - | 0 | | 0 | 0 | | 1,350 |
| TOTAL EXPENSES | \$ | 578,894 | \$ | 1,698,686 | \$ 11,970 | \$_ | 119,378 |

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2020 (With Comparative Totals for 2019)

| | | Capital Campaign | Fund Raising Expense | 2020 Total | 2019 Total |
|-------------------------------------|-----|---------------------|----------------------------|---------------|---------------|
| <u>EXPENSES</u> | | | | | |
| Salaries and Wages | \$ | 0 | \$ 59,779 \$ | 1,055,039 \$ | 1,071,238 |
| Fringe Benefits and Taxes | | 0 | 16,604 | 301,006 | 311,157 |
| Accounting | | 0 | 596 | 10,581 | 9,864 |
| Advertising | | 0 | 0 | 210 | 675 |
| Bank Service Charges | | 0 | 0 | 6,315 | 0 |
| Client Support | | 0 | 150 | 10,308 | 7,463 |
| Communications | | 0 | 529 | 16,340 | 14,292 |
| Conferences, Conventions & Meetings | | 0 | 633 | 8,241 | 11,386 |
| Consultants and Contract Labor | | 0 | 33,195 | 147,299 | 166,998 |
| Depreciation Expense | | 0 | 5,729 | 76,628 | 75,639 |
| Dues, Subscriptions & Licensure | | 0 | 9,232 | 42,091 | 41,697 |
| Equipment Rent & Maintenance | | 0 | 149 | 2,523 | 3,291 |
| Equipment Acquisition | | 0 | 305 | 43,065 | 370 |
| Insurance | | 0 | 1,924 | 34,168 | 34,082 |
| Interest | | 2,395 | 0 | 2,395 | 6,787 |
| Mileage & Travel | | 0 | 0 | 1,264 | 5,771 |
| Miscellaneous | | 0 | 277 | 8,721 | 17,251 |
| Occupancy | | 0 | 3,282 | 68,751 | 66,344 |
| Office Supplies | | 0 | 559 | 8,382 | 5,787 |
| Supplies - Other | | 0 | 135 | 1,475 | 152 |
| Postage | | 0 | 1,879 | 2,523 | 2,611 |
| Printing & Artwork | | 0 | 3,285 | 12,136 | 14,115 |
| Program Materials | | 0 | 361 | 22,744 | 18,669 |
| Program Snacks | | 0 | 0 | 10,277 | 2,580 |
| In-Kind Expenses: | | | | | |
| Space | | 0 | 0 | 150 | 16,800 |
| Goods | | 0 | 6,303 | 83,353 | 45,845 |
| Professional Services | - | 0 | 0 | 1,350 | 0 |
| TOTAL EXPENSES | \$_ | 2,395 | \$ 144,906_\$ | 1,977,335 \$ | 1,950,864 |

STATEMENT OF CASH FLOWS

For the Year Ended December 31, 2020 (With Comparative Totals for 2019)

| | | 2020 Total | 2019 Total |
|---|-----|---------------------------------|---------------------------------------|
| <u>Cash Flows Provided (Used) by Operating Activities</u> Change in Net Assets Before Other Gains and Losses Adjustment to Reconcile Change in Net Assets to Net Cash | \$ | (205,419) \$ | (270,605) |
| Used by Operating Activities: Depreciation (Increase) Decrease in: | | 76,627 | 75,639 |
| Accounts Receivable Pledges Receivable, net Inventory | | (139,517) 270,264 (6,808) | 22,356 320,408 1,831 (2,417) |
| Prepaid Expense Security Deposits Increase (Decrease) in: | | 3,086 29 | (2,117) 1,622 |
| Accounts Payable Accrued Liabilities | _ | 2,047 14,295 | (2,346) (6,125) |
| Net Cash Provided (Used) by Operating Activities | _ | 14,604 | 140,663 |
| <u>Cash Flows Provided (Used) by Investing Activities</u> Acquisition/Disposition of Capital Assets Interest on Deposits (Increase) Decrease in Investments | _ | (23,021) 5,778 1,776 | 0 4,080 59,211 |
| Net Cash Provided (Used) by Investing Activities | _ | (15,467) | 63,291 |
| <u>Cash Flows Provided (Used) by Financing Activities</u> Acquisition of Debt Principal Payment of Debt Principal | _ | 437,100 (71,693) | 0 (175,000) |
| Net Cash Provided (Used) by Investing Activities | _ | 365,407 | (175,000) |
| Increase (Decrease) in Cash | | 364,544 | 28,954 |
| Cash and Cash Equivalents, Beginning of Year | _ | 399,653 | 370,699 |
| CASH AND CASH EQUIVALENTS, END OF YEAR | \$_ | 764,197 \$ | 399,653 |
| Other Disclosures: Capitalized Interest Costs | \$_ | 0 \$ | 0 |
| Interest Expense | \$ | 2,395 \$ | 6,787 |

NOTES TO FINANCIAL STATEMENTS

December 31, 2020

NOTE 1: ORGANIZATION AND ACTIVITIES

Center for Children & Families, Inc. (CCFI) was incorporated as Juvenile Services, Inc. on August 18, 1969, for the purpose of supporting existing juvenile programs and to improve and expand services for juveniles in Cleveland County. In 1999, the Board of Directors voted to change the name of the organization from Juvenile Services, Inc. to Center for Children & Families, Inc. The programs currently supported by the organization are:

Divorce Services – Support and education for divorced, separated, or never married parents through classes, mediation, counseling and supervised visits and exchanges.

Parents Assistance – Provides support and education for parents struggling day-to-day with abuse, neglect and other related issues through specialized classes.

Counseling – Provides therapy, education and support to children and youth with histories of neglect and/or emotional abuse, and their parents, foster or adoptive caregivers.

Baby Pantry – Completely stocked by the community, the Baby Pantry at CCFI provides formula, baby and toddler food, diapers, and other basic necessities to over 100 visitors each month.

Bringing Up Babies – Provides parent education, support and case management to teen and other at risk new parents through home visits.

Boys & Girls Club of Norman - Provides youth development services in accordance with BGCA's policies to create positive outcomes in the lives of local youth with an emphasis in 1) academic success, 2) healthy lifestyles, and 3) character and leadership development.

CCFI is an independent agency funded by grants from the Department of Mental Health and Substance Abuse Services, Department of Human Services, contracts with governmental entities and donations from individuals, businesses, and other not-for-profit organizations.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

<u>Accounting Pronouncements Adopted</u> – CCFI has adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers* (Topic 606), as amended. ASU 2014-09 applies to exchange transactions with customers that are bound by contracts or similar arrangements and establishes a performance obligation approach to revenue recognition. Results for reporting the years ended December 31, 2020 and December 31, 2019 are presented under FASB ASC Topic 606.

During the year, CCFI adopted the provisions of FASB ASU 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement.* The amendments in this Update modify the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurement. Adoption of this pronouncement had no effect on the Center's current or previously issued financial statements.

December 31, 2020

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

CCFI has adopted the provisions of FASB ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made* (Topic 958). This accounting standard is meant to help not-forprofit entities evaluate whether transactions should be accounted for as contributions or as exchange transactions and, if the transaction is identified as a contribution, whether it is conditional or unconditional. ASU 2018-08 clarifies how an organization determines whether a resource provider is receiving commensurate value in return for a grant. If the resource provider does receive commensurate value from the grant recipient,

the transaction is an exchange transaction and would follow the guidance under ASU 2014-09 (FASB ASC Topic 606). If no commensurate value is received by the grant maker, the transfer is a contribution. ASU 2018-08 stresses that the value received by the general public as a result of the grant is not considered to be commensurate value received by the provider of the grant. There was no material impact to the financial statements as a result of adoption. Accordingly, no adjustment to opening net assets was recorded.

Recently Issued Accounting Pronouncements – In February 2016, the FASB issued *ASU No. 2016-02, Leases (Topic 842)*, which requires the recognition of lease assets and lease liabilities by lessees for all leases, including leases previously classified as operating leases, and modifies the classification criteria and accounting sales-type and direct financing leases by lessors. Leases continue to be classified as finance or operating leases by lessees and both classifications require the recognition of a right of use asset and a lease liability initially measured at the present value of the lease payments in the statement of financial position. Interest on the lease liability and the amortizations of the right-of-use asset are recognized separately in the statement of activity for finance leases and as a single lease cost recognized on the straight-line basis over the lease term for operating leases. The standard is effective using a modified retrospective approach for fiscal years beginning after December 15, 2021. Early adoption is permitted. The Board is currently evaluating the impact the standard will have on its financial statements.

Basis of Accounting – Financial statements have been prepared using the accrual basis of accounting. Under the accrual basis of accounting, contract funds are recognized as revenue when allowable expenses are incurred and a receivable represents that portion of the contract which CCFI has earned and/or requested, but not received. Medicaid receipts and contributions are recorded upon receipt. Expenses are recorded when a liability is incurred. Expenses incurred but not paid at year-end are represented by a liability on the statement of financial position. Grant funds received, but not yet expended for their specified purpose, are recognized as net assets with donor restrictions. Other revenue (i.e. donations) is recognized when received. Net asset balances represent cumulative revenue received over expenses incurred.

Basis of Presentation – CCFI's financial statement presentation follows the Financial Accounting Standards Board ASU 2016-14, *Not-for-Profit Entities* (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities.* Accordingly, net assets of CCFI and changes therein are classified and reported as follows:

- Net assets with donor restrictions net assets subject to donor imposed restrictions
- Net assets without donor restrictions net assets not subject to donor-imposed restrictions

<u>Recognition of Donor Restrictions</u> – Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by the occurrence of the passage of time or other events specified by donors.

NOTES TO FINANCIAL STATEMENTS

December 31, 2020

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

<u>Cash and Cash Equivalents</u> – For purposes of the statement of cash flows, cash and cash equivalents include bank accounts and investments readily convertible to cash.

Bank balances at year end are categorized as follows to give an indication of the level of risk assumed by the organization.

| <u>Category</u> | Balance <u>Per Bank</u> |
|--|----------------------------|
| Insured or collateralized with securities held by the organization or by its agent in the organization's name. | \$ 251,898 |
| 2) Collateralized with securities held by the pledging financial institution's | . , |
| trust department. | 601,635 |
| 3) Uncollateralized | 0 |
| TOTAL | \$ <u>853,533</u> |

Investments – Investments of the organization consist of the following:

<u>With donor restrictions</u> – Beneficial Interest in Assets Held by Others – CCFI has placed funds with the following foundations to be held in endowment funds.

| Communities Foundation of Oklahoma Balance, Beginning of Year Interest and Dividends Net Investment Income Management Fees | \$ <u>2020</u> \$ 726 31 204 (<u>7</u>) | <u>2019</u> \$ 647 26 61 (<u>8</u>) |
|---|---|--|
| Balance, End of Year | \$ <u>954</u> | \$ <u>726</u> |
| Oklahoma City Community Foundation Balance, Beginning of Year Reciprocal Transfers Reinvestment of Allocation Distribution Net Investment Income Balance, End of Year | 2020 \$ 203,441 0 (9,503) <u>23,246</u> \$ <u>217,184</u> | <u>2019</u> \$ 177,516 0 (9,351) <u>35,276</u> \$ <u>203,441</u> |
| Total Investments with Donor Restrictions | \$ <u>218,138</u> | \$ <u>204,167</u> |

Investments in equity securities with readily determinable fair values are measured at fair value in the statement of financial position. Fair values are determined by reference to quoted market prices and other relevant information generated by market transactions. Investment income or loss (including gains and losses on investments, interest and dividends) is included in the statement of activities as increases or decreases in net assets without donor restrictions unless the income or loss is restricted by donor or law. Restricted gains and investment income whose restrictions are met in the same reporting period are reported as without donor restrictions.

December 31, 2020

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Both the Communities Foundation of Oklahoma and the Oklahoma City Community Foundation also receive donations designated for CCFI by other donors. Both Foundations have been granted variance power and have the authority to distribute those donations as they see fit; therefore, those donations are not reflected in the Organization's financial statements. The corpus of the funds may not be withdrawn; however, income distributed to the organization by the funds may be used for any purpose. The interest in the endowment funds is recorded in the financial statements in accordance with generally accepted accounting principles and relevant funding agreements. The market value of investments attributable to third-party donors held by the Oklahoma City Community Foundation equaled \$152,772 and \$141,344 at December 31, 2020 and 2019 respectively.

Endowment Investment and Spending Policies – The Foundations have adopted investment and spending policies, approved by their respective Boards of Directors, for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of these endowment assets over the long-term. The Foundation's spending and investment policies work together to achieve this objective. The investment policy establishes an achievable return objective through diversification of asset classes. The primary objective of the investments will be to provide for long-term return growth of principle and income without undue exposure to risk enabling the Foundations to make grants on a continuing and reasonably consistent basis. Therefore, the focus is on consistent long-term capital appreciation, with income generation as a secondary consideration. The Foundations' target is a diversified asset allocation that will enable the foundations to achieve their long-term return objectives within prudent risk parameters.

<u>Accounts Receivable</u> – Accounts receivable consists of requests for advances and/or reimbursements to grantor and pass-through agencies for grant funds, as well as balances due from individuals and organizations for program fees.

<u>Pledges Receivable</u> – Pledges (promises to give) are recognized when the donor makes a promise to give to CCFI that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

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Pledges receivable at December 31<sup>st</sup> were as follows:

| Due in 1 year<br>Due in 2 – 5 years |                   | <u>2019</u><br>\$ 290,682<br>273,145 |
|-------------------------------------|-------------------|--------------------------------------|
| Due in 5 – 10 years                 | 22,158            | 32,641                               |
| Total                               | \$ <u>326,877</u> | \$ <u>596,468</u>                    |

**Reserve for Uncollectible Pledges** – CCFI uses the allowance method to determine uncollectible promises receivable. This reserve has been established to more accurately reflect the value of pledges receivable. Based on historical information and trend analysis, management established this reserve at 22.5% of total pledges receivable at December 31, 2020 and 11.7% of total pledges receivable at December 31, 2019. The reserve account equaled \$73,585 on December 31, 2020 and \$69,836 on December 31, 2019.

December 31, 2020

#### NOTE 2: SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

<u>**Property and Equipment**</u> – Acquisitions of property and equipment are stated at cost at date of acquisition or fair value at date of donation or contribution. Expenditures for maintenance and repairs are charged to expense as incurred. Assets costing \$5,000 or more are capitalized using the straight-line method based on the estimated useful life of the asset.

**Inventory** – Inventories are stated at the lower of cost or market value and consist of diapers, formula and other items donated to be distributed to charitable beneficiaries at the Organization's discretion.

<u>Cost Allocation</u> – The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. Salaries and benefits are charged directly to the programs for which work has been done based on estimates of time and effort. Occupancy costs are allocated on a square footage basis and other costs such as supplies, printing, travel, etc. which cannot be specifically identified to a program or supporting function are allocated to programs based on each program's direct salaries to total salaries expense. Allocation percentages are developed during the budget process.

<u>Concentrations of Credit Risk</u> – Financial instruments that potentially expose CCFI to concentrations of credit risk consist of cash, accounts receivable, and pledges receivable. Cash is deposited in high-quality financial institutions and accounts at each institution are insured by the Federal Deposit Insurance Corporation. Accounts receivable consist of billings made to grantor agencies for services rendered or under the terms of the various grants and contracts and are considered to be fully collectible. As previously discussed, CCFI has established a reserve for uncollectible pledges to more accurately report risks associated with its pledges receivable.

<u>Use of Estimates</u> – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

<u>Comparative Information</u> – The financial statements include certain 2019 comparative information. With respect to the statement of activities, such prior information is not presented by net asset class. In the statement of functional expenses, 2019 expenses by object are presented in total rather than by function category. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2019 from which the summarized information was derived.

#### Income Taxes and Uncertain Tax Positions

Income Tax Status – The Organization qualifies as an organization exempt from income taxes under Section 501(c)(3) of the *Internal Revenue Code* and is subject to a tax on income from any unrelated business, as defined by Section 509(a)(1) of the Code. From time to time, the Organization has unrelated business income related to contracts with the Oklahoma Department of Mental Health and Substance Abuse Services to provide consulting services to Griffin Memorial Hospital and Central Oklahoma Mental Health Center. Revenues totaling \$12,821 were received for these services in 2020. No accrual has been made to accrue a liability for unrelated business income tax, as any amount due is considered to be immaterial to the financial statements.

#### December 31, 2020

#### NOTE 2: SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

The Organization has adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return only when it is determined that the income tax position will more-likely-than-not be sustained upon examinations by taxing authorities. The Organization has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse effect on the Organization's financial condition, results of operations, or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at December 31, 2020.

Federal and state income tax statutes dictate that tax returns filed in any of the previous three reporting periods remain open to examination. Currently, the Organization has no open examinations with the Internal Revenue Service or the Oklahoma Tax Commission.

#### NOTE 3: LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The following reflects CCFI's financial assets as of the statement of financial position date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions or board mandated restriction within one year of the statement of financial position date. Donor-restricted resources are available to support general expenditures to the extent that restrictions on those resources will be met by conducting the normal activities of CCFI's programs in the coming year.

|                                                                        | 2020              | 2019              |
|------------------------------------------------------------------------|-------------------|-------------------|
| Financial assets at year end                                           | \$ 1,519,829      | \$ 1,272,061      |
| Less those unavailable for general expenditures within one year        |                   |                   |
| Pledges receivable due in more than one year, net                      | ( 114,597)        | ( 305,787)        |
| Donor restricted investments                                           | (218,138)         | ( 204,167)        |
| Board designated reserves:                                             |                   |                   |
| For operations                                                         | ( 174,494)        | ( 174,494)        |
| For maintenance                                                        | ( 50,411)         | ( 38,661)         |
| For unemployment                                                       | ( 18,487)         | ( 18,487)         |
| Retirement forfeitures                                                 | <u>( 14</u> )     | <u>( 1,887</u> )  |
| Financial assets available to meet cash needs for general expenditures |                   |                   |
| within one year                                                        | \$ <u>943,688</u> | \$ <u>528,578</u> |

As part of CCFI's liquidity management, it invests cash in excess of daily requirements in short-term investments, typically, money market funds. In addition, the Organization has access to a \$500,000 line of credit for operating funds. To date, no draws have been made on this line of credit.

#### NOTES TO FINANCIAL STATEMENTS

#### December 31, 2020

#### NOTE 4: PROPERTY AND EQUIPMENT

Activity related to property and equipment is identified below.

|                                                             | Balance                                   |                      |                    | Balance                                   |
|-------------------------------------------------------------|-------------------------------------------|----------------------|--------------------|-------------------------------------------|
|                                                             | 2019                                      | Additions            | <u>Retirements</u> | 2020                                      |
| Buildings                                                   | \$ 3,221,173                              | \$ 6,482             | \$0                | \$ 3,227,655                              |
| Furniture and Fixtures                                      | 21,256                                    | 0                    | 0                  | 21,256                                    |
| Office Equipment                                            | 5,852                                     | 0                    | 0                  | 5,852                                     |
| Play Equipment                                              | 71,571                                    | 16,539               | 0                  | 88,110                                    |
|                                                             | 3,319,852                                 | \$ <u>23,021</u>     | \$ <u>0</u>        | 3,342,873                                 |
| Less Accumulated Depreciation<br>Net Property and Equipment | <u>( 401,133</u> )<br>\$ <u>2,918,719</u> | \$ <u>( 76,627</u> ) | \$ <u>0</u>        | ( <u>477,760</u> )<br>\$ <u>2,865,113</u> |

Current year depreciation expense equaled \$76,627.

#### NOTE 5: LONG-TERM DEBT

1) The organization is party to a \$1 million line of credit (LOC) with a local bank which has been utilized for capital construction costs. This LOC bears a 5% variable interest rate and has a 3-year term, maturing in May 2021. Outstanding principal and all accrued unpaid interest are due May 31, 2021. Borrower is to pay regular semi-annual payments of all accrued unpaid interest beginning November 30, 2018 with subsequent payments due each half-year after that. This note was paid in full in 2020

2) CCFI is party to a \$500,000 line of credit (LOC) with a local bank. This LOC bears a 5.25% variable interest rate and matures June 2021. The LOC is to be used for operations as needed. To date, no draws have been made on this LOC.

3) In April 2020, CCFI applied for and was awarded a loan from the Small Business Administration under the Paycheck Protection Program, which was authorized by the CARES Act. This loan was in the amount of \$287,100 and, in accordance with the terms of the agreement, was forgiven on January 6, 2021.

4) In May 2020, CCFI was awarded an Economic Impact Disaster Loan (EIDL) by the Small Business Administration. This loan, in the amount of \$150,000 is a 30 year note and bears an interest rate of 2.75%. CCFI is to make monthly payments of \$641.00 each month beginning May 2022. Maturity date is May 18, 2050. Loan balance at December 31, 2020 equaled \$150,000.

|        | Balance          |                   |                    | Balance           |
|--------|------------------|-------------------|--------------------|-------------------|
|        |                  | Additions         | <u>Retirements</u> | 2020              |
| Note 1 | \$ 71,693        | \$0               | \$ 71,693          | \$0               |
| Note 3 | 0                | 287,100           | 0                  | 287,100           |
| Note 4 | 0                | 150,000           | 0                  | 150,000           |
| Total  | \$ <u>71,693</u> | \$ <u>437,100</u> | \$ <u>17,693</u>   | \$ <u>437,100</u> |

#### NOTES TO FINANCIAL STATEMENTS

#### December 31, 2020

#### NOTE 5: LONG-TERM DEBT, CONTINUED

Future debt service requirements equal:

|            |                   | Note 4           |                   |
|------------|-------------------|------------------|-------------------|
|            | Principal         | <u>Interest</u>  | Total             |
| 2021       | \$ 0              | \$0              | \$0               |
| 2022       | 2,166             | 2,733            | 4,899             |
| 2023       | 3,325             | 4,024            | 7,349             |
| 2024       | 3,417             | 3,931            | 7,348             |
| 2025       | 3,512             | 3,836            | 7,348             |
| Thereafter | 137,580           | <u>55,926</u>    | <u>193,506</u>    |
|            | \$ <u>150,000</u> | \$ <u>70,450</u> | \$ <u>220,450</u> |
|            |                   |                  |                   |

#### NOTE 6 FAIR VALUE MEASUREMENT

The definition of fair value for financial reporting, establishes a framework for measuring fair value, and requires additional disclosure about the use of fair value measurements in an effort to make the measurement of fair value more consistent and comparable.

Fair value is defined as the amount that would be received from the sale of an asset or paid for the transfers of a liability in an orderly transaction between market participants, i.e. an exit price. To estimate an exit price, a three-tier hierarchy is used to prioritize the inputs.

Level 1: Quoted Prices in active markets for identical securities.

<u>Level 2</u>: Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment spread and credit risk).

<u>Level 3</u>: Significant unobservable inputs (including the organization's own assumptions in determining the fair value of investments).

The fair value measurements and levels within the fair value hierarchy of those measurements for the assets reported at fair value on a recurring basis at December 31<sup>st</sup> are as follows:

Fiscal year ended December 31, 2020

| Description                                                                                                 | Fair Value                                           | Quoted Prices<br>In Active<br>Markets for<br>Identical<br>Assets<br><u>(Level 1)</u> | Other<br>Significant<br>Observable<br>Inputs<br>(Level 2) |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Investments:<br>Community Foundation of Oklahoma<br>Oklahoma City Community Foundation<br>Total Investments | \$     954<br>_ <u>217,184</u><br>\$ <u>_218,138</u> | \$  954<br>_ <u>217,184</u><br>\$ <u>_218,138</u>                                    | \$0<br>0<br>\$ <u>0</u>                                   |

#### NOTES TO FINANCIAL STATEMENTS

#### December 31, 2020

#### NOTE 6 FAIR VALUE MEASUREMENT, CONTINUED

Fiscal year ended December 31, 2019

|                                    |                   | Quoted Prices<br>In Active<br>Markets for<br>Identical<br>Assets | Other<br>Significant<br>Observable<br>Inputs |
|------------------------------------|-------------------|------------------------------------------------------------------|----------------------------------------------|
| Description                        | Fair Value        | <u>(Level 1)</u>                                                 | (Level 2)                                    |
| Investments:                       |                   |                                                                  |                                              |
| Community Foundation of Oklahoma   | \$ 726            | \$ 726                                                           | \$0                                          |
| Oklahoma City Community Foundation | 203,441           | 203,441                                                          | 0                                            |
| Total Investments                  | \$ <u>204,167</u> | \$ <u>204,167</u>                                                | \$ <u>0</u>                                  |

#### NOTE 7: CONCENTRATIONS

CCFI derives a significant amount of its revenue from service contracts and grants from federal and state agencies. A significant reduction in the level of revenue from these agencies could have a material effect on the organization's programs, activities and operations.

#### NOTE 8: DONATED MATERIALS AND SERVICES

Donated materials and services are reflected as contributions at their estimated value on the date of receipt based on industry standards. The financial statements include the following in-kind donations:

|                       | 2020              | 2019             |
|-----------------------|-------------------|------------------|
| Space                 | \$ 150            | \$ 16,800        |
| Donated Goods         | 83,353            | 45,845           |
| Professional Services | <u>    1,350 </u> | 0                |
| Total                 | \$ <u>84,853</u>  | \$ <u>62,645</u> |

Many individuals volunteer their time and perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services. Volunteers provided 5,295 hours of non-professional services in 2020 and 9,206 hours in 2019.

#### NOTE 9: BOARD DESIGNATED NET ASSETS

Management has designated a portion of net assets without donor restrictions for the following uses:

|                                                        | 2020              | 2019              |
|--------------------------------------------------------|-------------------|-------------------|
| Operating Reserve                                      | \$ 174,494        | \$ 174,494        |
| Maintenance Reserve                                    | 50,411            | 38,661            |
| Unemployment Reserve                                   | 18,487            | 18,487            |
| Total Designated Net Assets Without Donor Restrictions | \$ <u>243,392</u> | \$ <u>231,642</u> |

#### NOTES TO FINANCIAL STATEMENTS

December 31, 2020

#### NOTE 10: CONTINGENCIES

In the normal course of operations, CCFI receives grant funds from various federal and state agencies. The grant programs are subject to audit by agents of the granting authority, the purpose of which is to insure compliance with conditions precedent to the granting of the funds. Any liability for a reimbursement which may arise as the result of the audits of the grant funds is not believed to be material.

#### NOTE 11: COMPENSATED ABSENCES

The organization recognizes its obligation relating to employees' rights to receive compensation for future absences attributable to services already rendered. Amounts accrued have been derived from the payroll system and estimated based on hours of leave accrued. The organization's liability for compensated absences equaled \$44,087 on December 31, 2020 and \$30,515 on December 31, 2019.

#### NOTE 12: EMPLOYEE BENEFIT PLANS

<u>IRC Section 125 Flexible Benefits Plan</u> – The organization maintains a cafeteria plan under Section 125 of the Internal Revenue Code. The benefits offered are medical expense reimbursement and dependent care reimbursement. An employee is eligible to participate if he/she works a minimum of 20 hours per week and may become a participant on the first day of the month following 30 days of employment.

<u>IRC Section 403(b) Plan</u> – CCFI's basic employer contribution plan is an ERISA 403(b) defined contribution plan. Employees are eligible to participate if they work at least 20 hours per week. Eligibility, benefits, definitions and requirements are determined by the Plan Agreement.

The Board of Directors may provide a non-elective employer retirement contribution, based on available financial resources, by a percentage to be determined by the Board, of each employee's annual salary. The employer contribution is authorized by the Board of Directors as part of the annual budget process and, like all items within the budget, is subject to change at any time by the Board of Directors depending on the financial status and needs of the Center for Children and Families, Inc. Additionally, the employee may choose to contribute up to 2% of their annual wages to be eligible for up to 2% employer match. Employer contributions for the years ended December 31, 2020 and 2019 equaled \$36,848 and \$29,145 respectively.

#### NOTE 13: RISKS AND UNCERTAINTIES

In early March 2020, the COVID-19 virus was declared a global pandemic, and it continues to spread. The outbreak in the United States has caused business disruption through mandated and voluntary closing of service sites and restrictions placed on delivery of services. While the disruption is currently expected to be temporary, the extent of the impact of COVID-19 on our operations and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on our clients, employees and vendors and current vaccination efforts, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact our financial condition or results of operations is uncertain.

Management of CCFI has evaluated subsequent events through May 24, 2021, which is the date the financial statements were available to be issued.

# Saunders & Associates, PLLC Certified Public Accountants

630 East 17<sup>th</sup> Street \* P. O. Box 1406 \* Ada, Oklahoma 74820 \* (580) 332-8548 \* FAX: (580) 332-2272 *Website:* <u>www.saunderscpas.com</u>

#### INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors Center for Children & Families, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Center for Children & Families, Inc. (a non-profit organization), which comprise the statement of financial position as of December 31, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 24, 2021.

#### Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Center for Children & Families, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Center for Children & Families, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Center for Children & Families, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of Center for Children & Families, Inc.'s financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Center for Children & Families, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of Center for Children & Families, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Center for Children & Families, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Saunders & Cessates, PUC

SAUNDERS & ASSOCIATES, PLLC Certified Public Accountants Ada, Oklahoma

May 24, 2021

# Saunders & Associates, PLLC

Certified Public Accountants

630 East 17<sup>th</sup> Street \* P. O. Box 1406 \* Ada, Oklahoma 74820 \* (580) 332-8548 \* FAX: (580) 332-2272 *Website:* <u>www.saunderscpas.com</u>

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors Center for Children & Families, Inc.

#### **Report on Compliance for Each Major Program**

We have audited Center for Children & Families, Inc.'s compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on each of Center for Children & Families, Inc.'s major federal programs for the year ended December 31, 2020. Center for Children & Families, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

#### Management's Responsibility

Management is responsible for compliance with the requirements of federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

#### Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Center for Children & Families, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Center for Children & Families, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Center for Children & Families, Inc.'s compliance.

#### **Opinion on Each Major Federal Program**

In our opinion, Center for Children & Families, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2020.

#### **Report on Internal Control Over Compliance**

Management of Center for Children & Families, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Center for Children & Families, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on a major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Center for Children & Families, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected, and corrected on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance is a deficiency or a combination of deficiencies, in internal control over compliance with a type of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Saunders & Cersociates, PUC

SAUNDERS & ASSOCIATES, PLLC Certified Public Accountants Ada, Oklahoma

May 24, 2021

#### SUPPLEMENTAL INFORMATION

#### SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS

#### For the Year Ended December 31, 2020

| Program Title/Source                                                  | Identifying<br>Number | CFDA No.         | Additional<br>Identifier | Award              | Expenditures         |
|-----------------------------------------------------------------------|-----------------------|------------------|--------------------------|--------------------|----------------------|
| Federal Funding:                                                      |                       |                  |                          |                    |                      |
| U. S. Department of Justice                                           |                       |                  |                          |                    |                      |
| Passed Through Oklahoma District Attorney's Council:                  | 73-0933253            | 40 575           | <i>•</i>                 | 000.000            | ¢ 00 500             |
| VOCA Program (20-21)<br>VOCA Program (19-20)                          |                       | 16.575<br>16.575 | \$                       | 303,600<br>346,610 | \$ 98,500<br>253,883 |
| Total U. S. Department of Justice                                     |                       | 10.575           |                          | 340,010            | 352,383              |
|                                                                       |                       |                  |                          |                    | 002,000              |
| U.S. Small Business Administration                                    | 73-0933253            |                  |                          |                    |                      |
| Disaster Assistance Loans                                             |                       | 59.008           |                          | 150,000            | 150,000              |
|                                                                       |                       |                  |                          |                    |                      |
| U.S. Department of Treasury                                           |                       |                  |                          |                    |                      |
| Passed through Oklahoma Department of Commerce:                       | 73-0933253            |                  |                          |                    |                      |
| Coronavirus Relief Fund                                               |                       | 21.019           | COVID                    | 25,000             | 25,000               |
| Passed through Oklahoma Dept. of Human Services/                      |                       |                  |                          |                    |                      |
| Oklahoma Alliance of Boys and Girls Clubs:                            | 73-0933253            |                  |                          |                    |                      |
| Coronavirus Relief Fund                                               | 10-0300200            | 21.019           | COVID                    | 251,158            | 251,001              |
|                                                                       |                       | 21.010           | 00112                    | 201,100            |                      |
| TOTAL EXPENDITURES OF FEDERAL AWARDS                                  |                       |                  |                          |                    | \$ 778,384           |
|                                                                       |                       |                  |                          |                    |                      |
|                                                                       |                       |                  |                          |                    |                      |
| State Funding:                                                        |                       |                  |                          |                    |                      |
| Oklahoma Department of Human Services<br>Parent's Assistance Program: |                       |                  |                          |                    |                      |
| Child Abuse Prevention (20-21)                                        |                       |                  | \$                       | 107,500            | \$ 38,135            |
| Child Abuse Prevention (19-20)                                        |                       |                  | Ý                        | 84,500             | 25,332               |
| Access and Visitation Services (20-21)                                |                       |                  |                          | 21,240             | 16,191               |
| Access and Visitation Services (19-20)                                |                       |                  |                          | 22,680             | 8,547                |
| Youth Mentoring Incentive Grant (20-21)                               |                       |                  |                          | 9,580              | 3,717                |
| Youth Mentoring Incentive Grant (19-20)                               |                       |                  |                          | 10,169             | 4,397                |
| Total Oklahoma Department of Human Services                           |                       |                  |                          |                    | 96,319               |
|                                                                       |                       |                  |                          |                    |                      |
| Oklahoma Department of Mental Health                                  |                       |                  |                          |                    |                      |
| Health & Fitness Grant (20-21)                                        |                       |                  |                          | 5,556              | 2,778                |
| Health & Fitness Grant (19-20)                                        |                       |                  |                          | 5,921              | 4,708                |
| Total Oklahoma Department of Mental Health                            |                       |                  |                          |                    | 7,486                |
| TOTAL EXPENDITURES OF STATE AWARDS                                    |                       |                  |                          |                    | \$ 103,805           |

#### NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

#### For the Year Ended December 31, 2020

#### NOTE 1: BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Center for Children & Families, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedules only present a selected portion of the operations of the Organization, they are not intended to and do not present the financial position, changes in net assets, or cash flows of the Organization.

#### NOTE 2: CONTINGENT LIABILITIES

The organization participates in a number of federally assisted programs. These programs are audited in accordance with *Government Auditing Standards* and the *Single Audit Act Amendments of 1996*, if applicable, in accordance with the required levels of Federal Financial Assistance. Audits of prior years have not resulted in any significant disallowed costs; however, grantor agencies may provide for further examinations. Based on prior experience, management believes that further examinations would not result in any significant disallowed costs.

#### NOTE 3: RELATIONSHIP TO FEDERAL FINANCIAL REPORTS

Amounts reported in the accompanying schedule may not agree with the amounts reported in the related Federal financial reports filed with the grantor agencies because of accruals made in the schedule which will be included in future reports filed with agencies.

#### NOTE 4: OUTSTANDING LOAN BALANCES

In May 2020, Center for Children & Families, Inc. was awarded an Economic Impact Disaster Loan (EIDL) by the Small Business Administration. This Ioan, in the amount of \$150,000 is a 30-year note and bears an interest rate of 2.5%. Loan balance at December 31, 2020 equaled \$150,000.

#### NOTE 5: INDIRECT COSTS

Center for Children & Families, Inc. has elected not to use the 10 percent de minimus indirect cost rate as allowed under the *Uniform Guidance*.

## STATUS OF PRIOR AUDIT FINDINGS

December 31, 2020

None reported.

#### SCHEDULE OF FINDINGS AND QUESTIONED COSTS

#### For the Year Ended \*Date.1\*

#### Section 1 – Summary of Auditor's Results

*Financial Statements:* Type of Auditor's Report Issued: Unmodified

Internal Control Over Financial Reporting: Material Weakness(es) identified? \_\_Yes \_X\_No

Significant deficiencies identified not considered to be material weaknesses? \_\_\_Yes \_X\_None Reported

Noncompliance material to financial statements noted? \_\_Yes \_X\_No

Federal Awards:

Internal Control Over Major Programs: Material weakness(es) identified? <u>Yes X</u>No

Significant deficiencies identified not considered to be material weakness(es)? \_\_\_Yes \_X\_None Reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance, Section .510(a)? \_\_Yes X\_No

Dollar threshold used to distinguish between Type A and Type B programs \$750,000

Auditee qualified as low-risk auditee? \_\_\_Yes \_\_X\_No

Identification of Major Programs:

| <u>CFDA #</u> | PROGRAM TITLE               |
|---------------|-----------------------------|
| 16.575        | Victims of Crime Assistance |

#### Section II – Financial Statement Findings and Questioned Costs:

None reported.

#### Section III – Federal Awards Findings and Questioned Costs:

None reported.

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Cockrel<br>Norman, OK 7307<br>F Name and address of princis<br>Same As C Above<br>X 501(c)(3) 501(c) (c)<br>finorman.org<br>X Corporation Trust | dren & Families<br>Ave<br>1<br><sup>ipal officer:</sup> Alexis Lu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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Cockrel<br>Norman, OK 7307<br>F Name and address of princi<br>Same As C Above<br>X 501(c)(3) 501(c) (<br>finorman.org<br>X Corporation Trust                                         | ww.irs.gov/Form990 for inst<br>inning<br>.dren & Families<br>Ave<br>1<br>'1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| _   |                                                                                                                         | dren & Families Inc                                                                                   |                                                                    | 73-093325                                                                                                        | 5                         |
|-----|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------|
| ar  | t III Statement of Program Se                                                                                           |                                                                                                       | 5                                                                  |                                                                                                                  |                           |
|     |                                                                                                                         | a response or note to any line in this                                                                | Part III                                                           | ************                                                                                                     |                           |
| 1   | Briefly describe the organization's mis                                                                                 |                                                                                                       |                                                                    |                                                                                                                  |                           |
|     | To heal children, empower                                                                                               | er youth, and strengther                                                                              | n families because                                                 | every chil                                                                                                       | d dese                    |
|     | to grow up safe, nurture                                                                                                |                                                                                                       |                                                                    |                                                                                                                  |                           |
|     |                                                                                                                         |                                                                                                       |                                                                    |                                                                                                                  |                           |
|     |                                                                                                                         |                                                                                                       |                                                                    |                                                                                                                  |                           |
| 2   | Did the organization undertake any signif                                                                               | ficant program services during the year                                                               | which were not listed on the prio                                  | -                                                                                                                | -                         |
|     | Form 990 or 990-EZ?                                                                                                     |                                                                                                       |                                                                    | ******                                                                                                           | Yes X                     |
|     | If "Yes," describe these new services on                                                                                |                                                                                                       |                                                                    |                                                                                                                  |                           |
| 3   | Did the organization cease conducting                                                                                   |                                                                                                       | it conducts, any program service                                   | /ices?                                                                                                           | Yes X                     |
|     | If "Yes," describe these changes on Sche                                                                                |                                                                                                       |                                                                    |                                                                                                                  |                           |
| 4   | Describe the organization's program s<br>Section 501(c)(3) and 501(c)(4) organ<br>and revenue, if any, for each program | ervice accomplishments for each of i<br>izations are required to report the an<br>a service reported. | ts three largest program servin<br>nount of grants and allocations | ces, as measure<br>to others, the I                                                                              | ed by expe<br>total exper |
| A - | a (Code: ) (Expenses \$                                                                                                 | 698,333. including grants of                                                                          | rś)(Re                                                             | evenue \$                                                                                                        | 118,6                     |
| 40  | Healing children through                                                                                                |                                                                                                       |                                                                    | and the second |                           |
|     | experienced relationship                                                                                                | n trauma 123 children                                                                                 | and youth received                                                 | counseling                                                                                                       | 1 11 <u>0 110</u>         |
|     | experienced refactousili                                                                                                | P_crauma125_cilliarell_                                                                               | <u>and youch recerved</u>                                          | 2241001119                                                                                                       | <b></b>                   |
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| 41  | b (Code:) (Expenses \$                                                                                                  | 578,894. including grants o                                                                           |                                                                    | evenue \$                                                                                                        | from                      |
| 41  | b (Code:) (Expenses \$<br>Empowering youth throug<br>low-income neighborhood<br>time services.                          | h enriching out-of-school                                                                             | ol time activities                                                 | for youth                                                                                                        | from                      |
| 41  | Empowering youth throug<br>low-income neighborhood                                                                      | h enriching out-of-school                                                                             | ol time activities                                                 | for youth                                                                                                        | from                      |
| 41  | Empowering youth throug<br>low-income neighborhood                                                                      | h enriching out-of-school                                                                             | ol time activities                                                 | for youth                                                                                                        | from                      |
| 41  | Empowering youth throug<br>low-income neighborhood                                                                      | h enriching out-of-school                                                                             | ol time activities                                                 | for youth                                                                                                        | from                      |
| 41  | Empowering youth throug<br>low-income neighborhood                                                                      | h enriching out-of-school                                                                             | ol time activities                                                 | for youth                                                                                                        | from                      |
|     | Empowering youth throug<br>low-income neighborhood<br>time services.                                                    | h enriching out-of-scho<br>s. 149 children and you                                                    | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>-school           |
|     | Empowering youth throug<br>low-income neighborhood<br>time services.                                                    | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
|     | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
|     | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
|     | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
|     | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
|     | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
|     | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
|     | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
|     | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
| 40  | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |
| 40  | Empowering youth through<br>low-income neighborhood<br>time services.                                                   | h enriching out-of-scho<br>s. 149 children and you<br>                                                | ol time activities<br>th received enrichi                          | for_youth<br>ng_out-of-                                                                                          | from<br>school            |

# Form 990 (2020) Center for Children & Families Inc Part IV Checklist of Required Schedules

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| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A                                                                                                                                                                            | 1    | Х   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors See instructions?                                                                                                                                                                                                              | 2    | Х   |    |
| 3   | The second s                                                                                                                                                                                               | 3    |     | x  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II                                                                                                                 | 4    |     | x  |
| 5   |                                                                                                                                                                                                                                                                                                              | 5    |     | x  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.                                                      | 6    |     | x  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II                                                                                               | 7    |     | х  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III                                                                                                                                                            | 8    |     | x  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.              | 9    |     | x  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.                                                                                                                                  | 10   | x   |    |
| 11  | or X as applicable.                                                                                                                                                                                                                                                                                          |      |     |    |
|     | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule<br>D, Part VI                                                                                                                                                                     | 11 a | x   |    |
| d   | b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total<br>assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.                                                                                               | 11 b |     | х  |
| i e | 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.                                                                                                  | 11c  |     | х  |
| ų   | d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported<br>in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>                                                                                                            | 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 |     | Х  |
| 1   | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X                                                             | 11 f | x   |    |
| 12: | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete<br>Schedule D, Parts XI and XII                                                                                                                                                        | 12a  | x   |    |
| 9   | 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  |     | x  |
| 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  |
| J   | 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  |     | x  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.                                                                                                              | 15   |     | х  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.                                                                                                        | 16   |     | х  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 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   |     | х  |
| 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   |     | х  |
| 20: | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H                                                                                                                                                                                                                | 20a  |     | Х  |
| 1   | a 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   |     | x  |

Form 990 (2020)

| Forn | 1990 (2020) Center for Children & Families Inc 73-093325                                                                                                                                                                                                                                                                                                                                | 3   | h   | tem 1.       |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------------|
| Par  | t 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  | X   | NO           |
| 23   | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.                                                                                                                                   | 23  |     | x            |
| 24:  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.                                                                                                         | 24a |     | x            |
| t    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                       | 24b |     |              |
| C    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                                                                                              | 24c |     |              |
| ¢    | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                 | 24d |     | 1            |
| 25 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            |
| 1    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I                                                                                                                     | 25b |     | х            |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>                                                      | 26  |     | x            |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> | 27  |     | x            |
|      | 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):                                                                                                                                                                                          | Ĩ   |     |              |
|      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If<br>'Yes,' complete Schedule L, Part IV                                                                                                                                                                                                                                 | 28a |     | X            |
| - 0  | A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV                                                                                                                                                                                                                                                                                         | 28b |     | X            |
|      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If<br>Yes,' complete Schedule L, Part IV                                                                                                                                                                                                                                         | 28c |     | x            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M                                                                                                                                                                                                                                                                                | 29  | X   |              |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.                                                                                                                                                                                                               | 30  | I.  | x            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L                                                                                                                                                                                                                                                                      | 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  |     | x            |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.                                                                                                                                                                                                   | 33  |     | x            |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.                                                                                                                                                                                                                                               | 34  |     | x            |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                 | 35a |     | Х            |
| 1    | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2                                                                                                                                                                       | 35b |     |              |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2                                                                                                                                                                                                                | 36  |     | x            |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI                                                                                                                                                           | 37  |     | x            |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br>Note: All Form 990 filers are required to complete Schedule O                                                                                                                                                                                                         | 38  | x   |              |
| Pa   | t V Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                                                                                                                                                                                                                           |     |     | Ē            |
| ·    | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                                                                                                                                                                              |     | Yes | 100000-00-00 |
| 1    | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10                                                                                                                                                                                                                                                                                                    |     | 103 |              |
|      | Denter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                        |     |     |              |
| 4    | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                                                                                                                                                                                                                                                    | 1c  | x   |              |
| BAA  | (gambling) winnings to prize winners?                                                                                                                                                                                                                                                                                                                                                   |     |     | (2020)       |

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73-0933253

| -    | 990 (2020) Center for Children & Families Inc 73-093325                                                                                                                                                                                    | 3    | I    | tem 1. |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|--------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                                                    | _    | -    |        |
|      |                                                                                                                                                                                                                                            |      | Yes  | No     |
|      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-<br>ments, filed for the calendar year ending with or within the year covered by this return 2a 48                                                   |      |      |        |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                             | 2 b  | X    |        |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                                                                                                  |      | - 18 |        |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | 3a   | X    |        |
|      | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0                                                                                                                                | 3 b  | X    |        |
|      | 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)? | 4a   |      | х      |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                        |      |      |        |
| 5-   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | 5a   |      | X      |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           | 5b   |      | X      |
|      | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         | 5c   |      |        |
|      | 성 가장 전 동안 가까지 가는 것 같아요. 것은 것 같아요. 이렇게 다 가지 않는 것 같아요. 이렇게 다 가지 않는 것이 가지 않는 것이 나라 나라 나라 나라 가지 않는 것 같아요. 이렇게 가지 않는                                                                                                                            | 30   | -    |        |
|      | 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?                                    | 6a   |      | x      |
|      | 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).                                                                                                                                                              |      |      |        |
| a    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and                                                                                                                            | -    | _    | X      |
|      | services provided to the payor?                                                                                                                                                                                                            | 7a   |      | A      |
|      | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | 7 b  | +    |        |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | 7c   |      | X      |
|      | If 'Yes,' indicate the number of Forms 8282 filed during the year 7d                                                                                                                                                                       | 70   |      |        |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | 7e   | -    | X      |
|      |                                                                                                                                                                                                                                            | 7f   |      | X      |
|      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               | Y1   | -    | Λ      |
| -    | 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 Form 1098-C?                                                                                                         | 7 h  |      | 1      |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                    | 8    |      |        |
| 9    | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                  | 1    |      | 1      |
|      | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a   | T I  |        |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | 9b   | -    |        |
|      |                                                                                                                                                                                                                                            |      | -    |        |
|      | Section 501(c)(7) organizations. Enter:<br>Initiation fees and capital contributions included on Part VIII, line 12 10a                                                                                                                    | 1111 |      | 1 11   |
|      | 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                                                                                                                                                           |      |      |        |
| p    | against amounts due or received from them.)                                                                                                                                                                                                |      | 0    | -      |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                 | 12a  | 1    | 1.     |
|      | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b                                                                                                                                                  |      |      |        |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |      |      |        |
|      | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                       | 13a  |      | 1      |
|      | Note: See the instructions for additional information the organization must report on Schedule O.                                                                                                                                          |      |      |        |
|      | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                  |      |      |        |
| c    | Enter the amount of reserves on hand 13c                                                                                                                                                                                                   | 5.5  |      | -      |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a  |      | X      |
|      | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O                                                                                                                                  | 14b  |      |        |
|      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                                                                                                              | 122  |      | C.S.   |
|      | 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   |      | X      |
|      | If 'Yes,' complete Form 4720, Schedule O.                                                                                                                                                                                                  |      | 1    |        |
| BAA  | TEEA0105L 10/07/20                                                                                                                                                                                                                         | Form | 990  | (2000) |

|                                                                                                                                                                                                                                                                            | 0 (2020) Center for Children & Families Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 73-0933253                                                                                                                                                                                                                                                                                |                                                                         |                                 |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|--------|
| art V                                                                                                                                                                                                                                                                      | Governance, Management, and Disclosure For each 'Yes' response to<br>a 'No' response to line 8a, 8b, or 10b below, describe the circumstance<br>Schedule O. See instructions.<br>Check if Schedule O contains a response or note to any line in this Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | es, processes, or char                                                                                                                                                                                                                                                                    | ges d                                                                   | n                               |        |
| ectio                                                                                                                                                                                                                                                                      | n A. Governing Body and Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                           |                                                                         |                                 |        |
| 1.5                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. A                                                                                                                                                                                                                                                                                      |                                                                         | Yes                             | N      |
| 1 a En<br>If t<br>of<br>aut                                                                                                                                                                                                                                                | ter the number of voting members of the governing body at the end of the tax year<br>here are material differences in voting rights among members<br>the governing body, or if the governing body delegated broad<br>hority to an executive committee or similar committee, explain on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1a 20                                                                                                                                                                                                                                                                                     |                                                                         |                                 | Ņ      |
| b En                                                                                                                                                                                                                                                                       | ter the number of voting members included on line 1a, above, who are independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                           |                                                                         |                                 |        |
| 2 Did<br>off                                                                                                                                                                                                                                                               | l any officer, director, trustee, or key employee have a family relationship or a business relationshi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ip with алу other                                                                                                                                                                                                                                                                         | 2                                                                       |                                 | Z      |
| 3 Dic<br>of                                                                                                                                                                                                                                                                | I the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | direct supervision                                                                                                                                                                                                                                                                        | 3                                                                       |                                 | 2      |
| 4 Dic                                                                                                                                                                                                                                                                      | the organization make any significant changes to its governing documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                           | -                                                                       |                                 |        |
| sin                                                                                                                                                                                                                                                                        | ce the prior Form 990 was filed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                           | 4                                                                       |                                 | 2      |
|                                                                                                                                                                                                                                                                            | t the organization become aware during the year of a significant diversion of the organizati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           | 5                                                                       |                                 | Σ      |
|                                                                                                                                                                                                                                                                            | I the organization have members or stockholders?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                           | 6                                                                       |                                 | 2      |
| 7 a Dio<br>me                                                                                                                                                                                                                                                              | I the organization have members, stockholders, or other persons who had the power to elect or ap embers of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | point one or more                                                                                                                                                                                                                                                                         | 7a                                                                      |                                 | 2      |
| b Are<br>sto                                                                                                                                                                                                                                                               | e any governance decisions of the organization reserved to (or subject to approval by) men<br>ckholders, or persons other than the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nbers,                                                                                                                                                                                                                                                                                    | 7 b                                                                     |                                 | 2      |
| the                                                                                                                                                                                                                                                                        | the organization contemporaneously document the meetings held or written actions undertaken d<br>following: See Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                           |                                                                         |                                 |        |
|                                                                                                                                                                                                                                                                            | e governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           | 8a                                                                      | Х                               |        |
|                                                                                                                                                                                                                                                                            | ch committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                           | 8b                                                                      |                                 | 2      |
| org                                                                                                                                                                                                                                                                        | there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno<br>panization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule O…</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ******                                                                                                                                                                                                                                                                                    | 9                                                                       |                                 | 1      |
| ectio                                                                                                                                                                                                                                                                      | n B. Policies (This Section B requests information about policies not requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | uired by the Internal R                                                                                                                                                                                                                                                                   | event                                                                   | le Co                           | od     |
|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                           |                                                                         |                                 |        |
|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                           | _                                                                       | Yes                             | 1.23   |
| 10 a Dic                                                                                                                                                                                                                                                                   | t the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                           | 10a                                                                     | Yes                             | 1.20   |
| b If 'N<br>ope                                                                                                                                                                                                                                                             | 'es,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their                                                                                                                                                                                                                                                               | 10 b                                                                    |                                 | N<br>2 |
| b If ')<br>ope<br>11 a Has                                                                                                                                                                                                                                                 | Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?                                                                                                                                                                                                                                                       |                                                                         |                                 | 1.20   |
| b If '\<br>ope<br>11 a Has<br>b De                                                                                                                                                                                                                                         | Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?<br>See Schedule O                                                                                                                                                                                                                                     | 10 b<br>11 a                                                            | X                               | 1.23   |
| b If '\<br>ope<br>11 a Has<br>b De<br>12 a Dic                                                                                                                                                                                                                             | Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?<br>See Schedule O                                                                                                                                                                                                                                     | 10 b                                                                    | X                               | 1.20   |
| b If ')<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>12 a Dic<br>b We<br>to                                                                                                                                                                                                   | Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?<br>See Schedule O<br>could give rise                                                                                                                                                                                                                  | 10 b<br>11 a                                                            | x                               | 1.20   |
| b If ')<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic                                                                                                                                                                                                      | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?<br>See Schedule O<br>could give rise<br>es,' describe in                                                                                                                                                                                              | 10b<br>11a<br>12a                                                       | x                               | 1.23   |
| b If 'Y<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc                                                                                                                                                                                    | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for<br>scribe in Schedule O the process, if any, used by the organization to review this Form 990.<br>If the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i><br>the officers, directors, or trustees, and key employees required to disclose annually interests that conflicts?<br>If the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yu</i><br>hedule O how this was doneSee. Schedule. O. | nd branches to ensure their<br>orm?<br>See Schedule O<br>could give rise<br>es,' describe in                                                                                                                                                                                              | 10b<br>11a<br>12a<br>12b                                                | X<br>X<br>X                     | 1.23   |
| b If 'N<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic                                                                                                                                                                                      | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?.<br>See Schedule O<br>could give rise<br>es,' describe in                                                                                                                                                                                             | 10b<br>11a<br>12a<br>12b<br>12c                                         | X<br>X<br>X<br>X                | 1.23   |
| b If ')<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic                                                                                                                                                                  | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?.<br>See Schedule O<br>could give rise<br>es,' describe in                                                                                                                                                                                             | 10b<br>11a<br>12a<br>12b<br>12c<br>13                                   | X<br>X<br>X<br>X<br>X           | 1.20   |
| b If '\<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>pe                                                                                                                                                            | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?.<br>See Schedule O<br>could give rise<br>es,' describe in<br>I by independent<br>ision?                                                                                                                                                               | 10b<br>11a<br>12a<br>12b<br>12c<br>13                                   | X<br>X<br>X<br>X<br>X           | 1.20   |
| b If '\<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a Th                                                                                                                                       | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for<br>scribe in Schedule O the process, if any, used by the organization to review this Form 990.<br>I the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i><br>the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yo</i><br>the organization have a written whistleblower policy?                                                                                                              | nd branches to ensure their<br>orm?                                                                                                                                                                                                                                                       | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14                             | X<br>X<br>X<br>X<br>X<br>X      |        |
| b If '\<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a The<br>b Ott                                                                                                                                         | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?                                                                                                                                                                                                                                                       | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14                             | X<br>X<br>X<br>X<br>X<br>X      |        |
| b If 'Y<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a Th<br>b Ott<br>If '<br>16 a Dic                                                                                                                      | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?<br>See Schedule O<br>could give rise<br>es,' describe in<br>I by independent<br>ission?<br>.Q<br>arrangement with a                                                                                                                                   | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14                             | X<br>X<br>X<br>X<br>X<br>X      |        |
| b If ")<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a Th-<br>b Ott<br>If '<br>16 a Dic<br>tax<br>b If "                                                                                                    | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?                                                                                                                                                                                                                                                       | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a        | X<br>X<br>X<br>X<br>X<br>X<br>X |        |
| b If ")<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a Th<br>b Otl<br>If '<br>16 a Dic<br>tax<br>b If "<br>pa<br>org                                                                                        | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?                                                                                                                                                                                                                                                       | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b               | X<br>X<br>X<br>X<br>X<br>X<br>X |        |
| b If "<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a Th<br>b Ott<br>If '<br>16 a Dic<br>tax<br>b If "<br>pa<br>org                                                                                         | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?                                                                                                                                                                                                                                                       | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a        | X<br>X<br>X<br>X<br>X<br>X<br>X |        |
| b If ")<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a Th<br>b Ott<br>If '<br>16 a Dic<br>tax<br>b If "<br>pa<br>org<br>iection<br>17 Lis<br>18 Se                                                          | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?.<br>See Schedule O<br>could give rise<br>es,' describe in<br>I by independent<br>ision?<br>.Q.<br>arrangement with a<br>e its<br>o safeguard the                                                                                                      | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a<br>16b | X<br>X<br>X<br>X<br>X<br>X      |        |
| b If ")<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>15 Dic<br>16 a Dic<br>tax<br>b If "<br>pa<br>orc<br>5 cctio<br>17 Lis<br>18 Se<br>ave                                                                         | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?.<br>See Schedule O<br>could give rise<br>es,' describe in<br>I by independent<br>ision?<br>.Q.<br>arrangement with a<br>e its<br>o safeguard the                                                                                                      | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a<br>16b | X<br>X<br>X<br>X<br>X<br>X      |        |
| b If ")<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a Th-<br>b Ot!<br>16 a Dic<br>tax<br>b If "<br>pa<br><u>c</u><br>cction<br>17 Lis<br>18 Se<br>ava                                                      | res,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar<br>rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd branches to ensure their<br>orm?.<br>See Schedule O<br>could give rise<br>es, ' describe in<br>I by independent<br>ision?<br>O<br>arrangement with a<br>e its<br>o safeguard the<br>, 990, and 990-T (Section 5<br>er (explain on Schedule O)                                          | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a<br>16b | X<br>X<br>X<br>X<br>X<br>X      |        |
| b If ")<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>14 Dic<br>15 Dic<br>per<br>a Th-<br>b Otl<br>If '<br>16 a Dic<br>tax<br>b If "<br>pa<br><u>section</u><br>17 Lis<br>18 Se<br>avy<br>219 Des                                       | Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, ar         rations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nd branches to ensure their<br>orm?.<br>See Schedule O<br>could give rise<br>es, ' describe in<br>I by independent<br>ision?<br>O.<br>arrangement with a<br>e its<br>o safeguard the<br>, 990, and 990-T (Section 5<br>er (explain on Schedule O)<br>licy, and financial statements avail | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a<br>16b | X<br>X<br>X<br>X<br>X<br>X      |        |
| b If '\<br>ope<br>11 a Has<br>b De<br>12 a Dic<br>b We<br>to<br>c Dic<br>Sc<br>13 Dic<br>per<br>14 Dic<br>15 Dic<br>per<br>15 Dic<br>per<br>15 Dic<br>per<br>16 a Dic<br>tax<br>b If ''<br>16 a Dic<br>tax<br>b If ''<br>17 Lis<br>18 Se<br>ava<br>19 Des<br>the<br>20 Sta | Yes, 'did the organization have written policies and procedures governing the activities of such chapters, affiliates, arrations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nd branches to ensure their<br>orm?                                                                                                                                                                                                                                                       | 10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a<br>16b | X<br>X<br>X<br>X<br>X<br>X      |        |

| Form 990 (2020) Center for Children                                                    | & Families Inc                              | 73-0933253 Item                    | n 1. |
|----------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------|------|
| Part VII Compensation of Officers, Dire<br>Independent Contractors                     | ctors, Trustees, Key Employees,             | Highest Compensated Employees, and |      |
| Check if Schedule O contains a response                                                | se or note to any line in this Part VII     |                                    |      |
| Section A. Officers, Directors, Trustees,                                              | Key Employees, and Highest Co               | mpensated Employees                | 2.1  |
| 1 a Complete this table for all persons required to be lis<br>organization's tax year. | ted. Report compensation for the calendar y | rear ending with or within the     | _    |

• 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.

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

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

|                                            |                                                                                                    |                   | (                                        | (C)                                |                                                 |        |                                        |                                          |                                                                       |
|--------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------|------------------------------------------|------------------------------------|-------------------------------------------------|--------|----------------------------------------|------------------------------------------|-----------------------------------------------------------------------|
| (A)<br>Name and title                      |                                                                                                    | Pos<br>than<br>is | ition (d<br>n one b<br>s both a<br>direc | o not<br>ox, u<br>in off<br>tor/tr | t check m<br>nless per<br>icer and a<br>rustee) | 10.1   | (D)<br>Reportable<br>compensation from | (E)<br>Reportable<br>compensation from   | (F)<br>Estimated amount<br>of other                                   |
|                                            | per<br>week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | 0 0               | Institutional trustee                    | Officer                            | Highest compensated<br>employee<br>Key employee | Former | the organization<br>(W-2/1099-MISC)    | related organizations<br>(W-2/1099-MISC) | compensation from<br>the organization<br>and related<br>organizations |
| (1) Alexis Lux<br>CEO                      | $\frac{40}{0}-$                                                                                    | x                 | ,                                        | x                                  |                                                 |        | 104,505.                               | 0.                                       | 19,021.                                                               |
| (2) Barbara O'Brien<br>Board Member        | 20                                                                                                 | x                 |                                          |                                    |                                                 |        | 0,                                     | 0.                                       | 0.                                                                    |
| (3) Jennifer Davenport<br>Treasurer        |                                                                                                    | x                 | 2                                        | x                                  |                                                 |        | 0.                                     | 0.                                       | 0.                                                                    |
| (4) Josh Edge<br>President                 | 20                                                                                                 | x                 | 2                                        | x                                  |                                                 |        | <u>.</u>                               | 0.                                       | 0.                                                                    |
| (5) J J Waggoner<br>Past President         |                                                                                                    | X                 | 2                                        | x                                  |                                                 |        | 0.                                     | 0.                                       | 0.                                                                    |
| 6) Beth Brown<br>Board Member              | $\frac{2}{0}-$                                                                                     | x                 |                                          |                                    |                                                 |        | 0.                                     | 0.                                       | 0.                                                                    |
| (7) Breanna Honeycutt<br>Board Member      | <u> </u>                                                                                           | x                 |                                          |                                    |                                                 |        | 0.                                     | 0.                                       | Ó.                                                                    |
| (8) Sarah Jensen Schettler<br>Board Member | 2                                                                                                  | x                 |                                          |                                    | 1                                               |        | 0.                                     | 0.                                       | 0.                                                                    |
| (9) Leslie Christopher<br>Board Member     |                                                                                                    | x                 |                                          |                                    |                                                 |        | 0.                                     | 0.                                       | 0.                                                                    |
| (10) Xavier Neira<br>Board Member          | $\frac{2}{0}-$                                                                                     | x                 |                                          |                                    | T.                                              |        | 0.                                     | 0.                                       | 0.                                                                    |
| (11) Scott Meier<br>Board Member           | 20                                                                                                 | x                 |                                          |                                    | $1 \lambda$                                     | 1      | 0.                                     | 0.                                       | 0.                                                                    |
| (12) Quy Nguyen<br>Board Member            | 2                                                                                                  | x                 |                                          |                                    |                                                 |        | 0.                                     | 0.                                       | 0.                                                                    |
| (13) Christine Seapy<br>Board Member       |                                                                                                    | x                 |                                          |                                    |                                                 |        | 0.                                     | 0.                                       | 0.                                                                    |
| (14) Ryan Clark<br>Board Member            | 20                                                                                                 | x                 |                                          |                                    |                                                 | -      | 0.                                     | 0.                                       | 0.                                                                    |
| BAA                                        | TEEAC                                                                                              | 107L              | 10/07/3                                  | 20                                 |                                                 |        |                                        |                                          | Form 990 (2020)                                                       |

| Part VII Section A. Officers, Directors                                                                                             | , Trustees,                                                                                     | Key              | Emp                   | ploy                     | ees,                                  | and           | I Highest Com                                     | pensated Emp                             | oloyees                  | (Comm                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------|-----------------------|--------------------------|---------------------------------------|---------------|---------------------------------------------------|------------------------------------------|--------------------------|-----------------------------------------------------------|
| (A)<br>Name and title                                                                                                               | (B)<br>Average<br>hours<br>per                                                                  | (do<br>box       | not che               | (C)<br>Positio<br>eck mo | n<br>re than<br>n is bot<br>ctor/trus | one<br>h an   | (D)<br>Reportable<br>compensation from            | (E)<br>Reportable                        | Estimat                  | (F)<br>ed amou                                            |
|                                                                                                                                     | week<br>(list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | or director      | Institutional trustee | Key employee<br>Officer  | Highest compensated employee          | Former        | the organization<br>(W-2/1099-MISC)               | (W-2/1099-MISC)                          | compen<br>the org<br>and | other<br>sation fro<br>ganizatior<br>related<br>nizations |
| (15) <u>Victoria Bumgarner</u><br>President-Elect                                                                                   | 20                                                                                              | x                |                       | x                        |                                       |               | 0.                                                | 0.                                       |                          |                                                           |
| (16) Angela Wheeler<br>Board Member                                                                                                 |                                                                                                 | X                |                       |                          |                                       |               | 0.                                                | 0.                                       |                          |                                                           |
| (17) Greg Castro<br>Board Member                                                                                                    |                                                                                                 | x                |                       |                          |                                       |               | 0.                                                | 0.                                       |                          |                                                           |
| 18) Monica Diaz<br>Board Member<br>(19) John Downs                                                                                  | <u>2</u><br>0<br>2                                                                              | x                |                       |                          |                                       |               | 0.                                                | 0.                                       |                          | -                                                         |
| Secretary<br>20) Ryan Rasnic                                                                                                        | 20                                                                                              | x                |                       | x                        |                                       | -             | 0.                                                | 0.                                       |                          | -                                                         |
| Board Fellow<br>21)                                                                                                                 | 0                                                                                               | X                |                       |                          |                                       |               | 0.                                                | 0.                                       |                          |                                                           |
| 22)                                                                                                                                 |                                                                                                 |                  |                       | 1                        |                                       |               |                                                   |                                          |                          |                                                           |
| 23)                                                                                                                                 |                                                                                                 |                  |                       |                          |                                       |               | Telli                                             |                                          |                          |                                                           |
| (24)                                                                                                                                |                                                                                                 |                  |                       |                          |                                       |               | 1                                                 |                                          |                          | _                                                         |
| (25)                                                                                                                                |                                                                                                 |                  |                       |                          |                                       |               |                                                   |                                          | 1                        |                                                           |
| 1 b Subtotal<br>c Total from continuation sheets to Part VII,<br>d Total (add lines 1b and 1c)                                      |                                                                                                 |                  |                       | <br>                     | ·····                                 | ►<br>►<br>ved | 104,505.<br>0.<br>104,505.<br>more than \$100,000 | 0 .<br>0 .<br>0 .<br>) of reportable com |                          | 19,0:<br>19,0:                                            |
| from the organization > 1                                                                                                           |                                                                                                 |                  |                       |                          | -                                     |               |                                                   |                                          |                          | Yes                                                       |
| 3 Did the organization list any former officer,<br>on line 1a? If 'Yes,' complete Schedule J for                                    | or such individu                                                                                | ial              | rive,                 |                          | •••••                                 | ee e          |                                                   |                                          | 3                        |                                                           |
| 4 For any individual listed on line 1a, is the s<br>the organization and related organizations<br>such individual.                  | um of reportab<br>greater than \$1                                                              | le co<br>50,0    | mpen<br>00? //        | isatio<br>f 'Yes         | n and<br>,' <i>con</i>                | oth<br>nple   | er compensation f<br>te Schedule J for            | rom                                      | 4                        |                                                           |
| 5 Did any person listed on line 1a receive or<br>for services rendered to the organization? /<br>Section B. Independent Contractors | accrue comper<br>If 'Yes,' comple                                                               | nsatio<br>ete So | on froi<br>chedu      | m an<br>ile J i          | y unre                                | late          | d organization or<br>erson                        | ndividual                                | 5                        |                                                           |
| <ol> <li>Complete this table for your five highest co<br/>compensation from the organization. Report co</li> </ol>                  | mpensated ind                                                                                   | epen<br>the c    | dent alenda           | contra<br>ar vea         | actors<br>ir endi                     | tha<br>no w   | t received more th                                | an \$100,000 of<br>anization's tax yea   | r.                       |                                                           |
| (A)<br>Name and busines                                                                                                             |                                                                                                 |                  |                       |                          |                                       |               | (B)<br>Description o                              |                                          | <b>(C</b><br>Comper      | )<br>Isation                                              |
|                                                                                                                                     |                                                                                                 |                  | _                     |                          |                                       |               |                                                   |                                          |                          |                                                           |
|                                                                                                                                     |                                                                                                 | -                |                       |                          |                                       |               |                                                   |                                          |                          |                                                           |
|                                                                                                                                     |                                                                                                 |                  |                       |                          |                                       |               |                                                   |                                          |                          |                                                           |

# Form 990 (2020) Center for Children & Families Inc Part VIII Statement of Revenue

73-0933253

Item 1.

|                           |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue  | (D)<br>Revenue<br>excluded from ta<br>under sections<br>512-514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| unounts                   | 1 a Federated campaigns         1 a 15           b Membership dues         1 b           c Fundraising events         1 c | 56,453.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and Other Similar Amounts | d Related organizations 1d<br>e Government grants (contributions) 1e 88                                                   | 32,628.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| her                       | f All other contributions, gifts, grants, and similar amounts not included above 1 f 57                                   | 73,055.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | alest stars to                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d Ot                      | g Noncash contributions included in lines 1a-1f 1 g 8                                                                     | 33,352.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | h Total. Add lines 1a-1f                                                                                                  | ess Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1,612,136.           |                                                    | 13.5.1.2. Aug - 1.7.5                    | E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| enue                      | 2a Program Class Fees 62410                                                                                               | 1.1.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 138,799.             | 138,799.                                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hev                       | b Training/RegistrationFees 62410                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 195.                 | 195.                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ice                       | c                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100.                 | 100.                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sen                       | d                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Program Service Revenue   | e                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| rogr                      | f All other program service revenue                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9                         | g Total. Add lines 2a-2f                                                                                                  | <ul> <li>B. Charlenging and an and a second sec</li></ul> | 138,994.             |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | <ul> <li>Investment income (including dividends, interest, a other similar amounts)</li></ul>                             | · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5,778.               |                                                    |                                          | 5,778                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1                         | 5 Royalties                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                           | Personal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                    | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | Const. Const. Sector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                           | 6 a Gross rents 6a                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. 1. 1. 1           |                                                    | 6                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | b Less: rental expenses 6b                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 1.                                                 | 1                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | c Rental income or (loss) 6c                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | in the second                                      |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | d Net rental income or (loss)                                                                                             | i) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | 7 a Gross amount from sales of assets                                                                                     | y ould                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                    | 1                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | other than inventory /a<br>b Less: cost or other basis                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 201                  | -                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | and sales expenses 7b<br>c Gain or (loss) 7c                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 18 C                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | d Net gain or (loss)                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| en                        | 8 a Gross income from fundraising events                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ver                       | (not including \$<br>of contributions reported on line 1c).                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 101 - 1 V                                          | 4                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other Revenue             | See Part IV, line 18                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 1510 - 1                                           | 5-1                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| her                       | b Less: direct expenses 8b                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| B                         | c Net income or (loss) from fundraising events                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | 9 a Gross income from gaming activities.                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | See Part IV, line 19         9a           b Less: direct expenses         9b                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 5 A                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | c Net income or (loss) from gaming activities                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          | i de la companya de la compa |
|                           |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 31                                                 |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                         | 10 a Gross sales of inventory, less<br>returns and allowances                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A CARLES             | 6                                                  | e i i                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | b Less: cost of goods sold 10b                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.01                 |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | c Net income or (loss) from sales of inventory                                                                            | and the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                           | ess Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10 001               |                                                    | 10 001                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Revenue                   | <sup>11</sup> a <u>Consulting Fees</u> 54161<br><sup>b</sup> Other 90009                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12,821.              | 6,465.                                             | 12,821.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Nel I                     | c                                                                                                                         | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0,403.               | 0,403.                                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Re                        | d All other revenue                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | e Total. Add lines 11a-11d                                                                                                | · · · · · · · •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 19,286.              |                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | 12 Total revenue. See instructions                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1,776,194.           | 145,459.                                           | 12,821.                                  | 5,778                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Form 990 (20

# Form 990 (2020) Center for Children & Families Inc Part IX Statement of Functional Expenses

| <br>2 0  | 000 | 253 |
|----------|-----|-----|
| <br>3-11 | 444 | 155 |
| <br>5 0  | 200 | 200 |

Item 1.

| -        | Check if Schedule O contains a re                                                                                                                                                                                                | (A)            | (B)                         | (C)                             | (D)                     |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|---------------------------------|-------------------------|
|          | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                       | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic<br>organizations and domestic governments.<br>See Part IV, line 21                                                                                                                       |                |                             |                                 |                         |
| 2        | Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                        | 31,718.        | 31,718.                     |                                 |                         |
| 3        | Grants and other assistance to foreign<br>organizations, foreign governments, and for-<br>eign individuals. See Part IV, lines 15 and 16                                                                                         |                |                             |                                 |                         |
| 4        |                                                                                                                                                                                                                                  |                |                             |                                 |                         |
| 5        | Compensation of current officers, directors, trustees, and key employees                                                                                                                                                         | 105,526.       | 36,061.                     | 69,465.                         | 0.                      |
| 6        | Compensation not included above to<br>disqualified persons (as defined under<br>section 4958(f)(1)) and persons described<br>in section 4958(c)(3)(B)                                                                            | 0.             | 0.                          | 0.                              | 0.                      |
| 7        |                                                                                                                                                                                                                                  | 949,513.       | 889,734.                    |                                 | 59,779.                 |
| 8        | Pension plan accruals and contributions<br>(include section 401(k) and 403(b)<br>employer contributions)                                                                                                                         | 36,848.        | 31,833.                     | 2,229.                          | 2,786.                  |
| 9        | Other employee benefits                                                                                                                                                                                                          | 187,885.       | 168,981.                    | 9,443.                          | 9,461.                  |
| 10       | Payroll taxes                                                                                                                                                                                                                    | 76,273.        | 66,865.                     | 5,051.                          | 4,357.                  |
| 11       | Fees for services (nonemployees):                                                                                                                                                                                                |                |                             |                                 |                         |
| Ē.       | a Management                                                                                                                                                                                                                     |                |                             |                                 |                         |
|          | b Legal                                                                                                                                                                                                                          |                |                             |                                 |                         |
|          | c Accounting                                                                                                                                                                                                                     | 10,581.        | 9,237.                      | 748.                            | 596.                    |
|          | d Lobbying                                                                                                                                                                                                                       |                |                             |                                 |                         |
|          | e Professional fundraising services. See Part IV, line 17                                                                                                                                                                        |                |                             |                                 |                         |
|          | f Investment management fees                                                                                                                                                                                                     |                |                             |                                 |                         |
| 1        | g Other. (If line 11g amount exceeds 10% of line 25, column<br>(A) amount, list line 11g expenses on Schedule 0.)                                                                                                                | 147,299.       | 102,380.                    | 11,724.                         | 33,195.                 |
| 12       | Advertising and promotion                                                                                                                                                                                                        | 210.           | 140.                        | 70.                             | 1.11                    |
| 13       | Office expenses                                                                                                                                                                                                                  | 43,379.        | 33,683.                     | 3,160.                          | 6,536.                  |
| 14       | Information technology                                                                                                                                                                                                           |                |                             |                                 |                         |
| 15       | Royalties                                                                                                                                                                                                                        |                |                             |                                 |                         |
| 16       | Occupancy                                                                                                                                                                                                                        | 68,751.        | 62,918.                     | 2,551.                          | 3,282.                  |
| 17       | Travel                                                                                                                                                                                                                           | 1,264.         | 995.                        | 269.                            |                         |
| 18       | Payments of travel or entertainment<br>expenses for any federal, state, or local<br>public officials                                                                                                                             |                |                             |                                 |                         |
| 19       | Conferences, conventions, and meetings                                                                                                                                                                                           | 8,241.         | 6,666.                      | 942.                            | 633.                    |
| 20       | Interest                                                                                                                                                                                                                         | 2,395.         |                             |                                 | 2,395.                  |
| 21       |                                                                                                                                                                                                                                  |                |                             |                                 | CL 0432                 |
| 22       | Depreciation, depletion, and amortization                                                                                                                                                                                        | 76,628.        | 66,315.                     | 4,584.                          | 5,729.                  |
| 23<br>24 |                                                                                                                                                                                                                                  | 34,168.        | 29,828.                     | 2,416.                          | 1,924.                  |
|          | a Client Support Services                                                                                                                                                                                                        | 67,314.        | 54,221.                     | 6,640.                          | 6,453.                  |
|          | b Equipment Acquisition                                                                                                                                                                                                          | 43,065.        | 42,325.                     | 435.                            | 305.                    |
|          | c Dues, Subscriptions, Licenses                                                                                                                                                                                                  | 42,091.        | 32,164.                     | 695.                            | 9,232.                  |
| <i>ž</i> | d <u>Program Material &amp; Snacks</u>                                                                                                                                                                                           | 33,021.        | 32,064.                     | 596.                            | 361.                    |
|          | e All other expenses                                                                                                                                                                                                             | 9,665.         | 558.                        | 8,830.                          | 277.                    |
| 25       | Total functional expenses. Add lines 1 through 24e                                                                                                                                                                               | 1,975,835.     | 1,698,686.                  | 129,848.                        | 147,301.                |
| 26       | Joint costs. Complete this line only if<br>the organization reported in column (B)<br>joint costs from a combined educational<br>campaign and fundraising solicitation.<br>Check here ► ☐ if following<br>SOP 98-2 (ASC 958-720) |                |                             |                                 |                         |

### Form 990 (2020) Center for Children & Families Inc Part X Balance Sheet

| 1000 |         |  |
|------|---------|--|
| 70   | 0933253 |  |
| 1.3- | 0933233 |  |
|      |         |  |

Item 1.

|                             |      |                                                                                                                                                                            |                                       |                                               | (A)<br>Beginning of year | 11   | (B)<br>End of year |
|-----------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|--------------------------|------|--------------------|
| T                           | 1    | Cash - non-interest-bearing                                                                                                                                                |                                       |                                               | 117,416.                 | 1    | 279,570            |
|                             | 2    | Savings and temporary cash investments                                                                                                                                     |                                       |                                               | 486,404.                 | 2    | 702,765            |
|                             | 3    | Pledges and grants receivable, net                                                                                                                                         |                                       |                                               | 602,805.                 | 3    | 332,541            |
|                             | 4    | Accounts receivable, net                                                                                                                                                   |                                       |                                               | 65,436.                  | 4    | 204,953            |
|                             | 5    | Loans and other receivables from any current or form<br>trustee, key employee, creator or founder, substantial<br>controlled entity or family member of any of these per   | er officer,<br>contributo<br>rsons    | director,<br>r, or 35%                        |                          | 5    |                    |
|                             | 6    | Loans and other receivables from other disgualified po                                                                                                                     |                                       |                                               |                          |      |                    |
|                             |      | section 4958(f)(1)), and persons described in section                                                                                                                      |                                       |                                               |                          | 6    |                    |
| 1                           | 7    | Notes and loans receivable, net                                                                                                                                            |                                       |                                               |                          | 7    |                    |
| SI                          | 8    | Inventories for sale or use                                                                                                                                                |                                       |                                               | 1,386.                   | 8    | 8,194              |
| ssers                       | 9    | Prepaid expenses and deferred charges                                                                                                                                      |                                       |                                               | 11,330.                  | 9    | 8,215              |
| A                           |      | Land, buildings, and equipment: cost or other basis.<br>Complete Part VI of Schedule D                                                                                     |                                       | 3,342,873.                                    |                          |      |                    |
|                             | b    | Less: accumulated depreciation                                                                                                                                             | 10b                                   | 477,760.                                      | 2,918,719.               | 10 c | 2,865,113          |
|                             | 11   | Investments - publicly traded securities                                                                                                                                   |                                       |                                               |                          | 11   |                    |
|                             | 12   | Investments - other securities. See Part IV, line 11                                                                                                                       |                                       | S. Model, R. & A. & A. & A. & A. & A. & A. A. |                          | 12   |                    |
|                             | 13   | Investments - program-related. See Part IV, line 11.                                                                                                                       |                                       |                                               |                          | 13   |                    |
|                             | 14   | Intangible assets                                                                                                                                                          |                                       |                                               | 14                       |      |                    |
|                             | 15   | Other assets. See Part IV, line 11                                                                                                                                         |                                       | 15                                            |                          |      |                    |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line                                                                                                                      | 33)                                   |                                               | 4,203,496.               | 16   | 4,401,351          |
|                             | 17   | Accounts payable and accrued expenses                                                                                                                                      |                                       |                                               | 34,400.                  | 17   | 50,742             |
|                             | 18   | Grants payable                                                                                                                                                             |                                       |                                               | 1                        | 18   |                    |
|                             | 0.00 | Deferred revenue                                                                                                                                                           |                                       |                                               |                          | 19   |                    |
|                             | 20   | Tax-exempt bond liabilities                                                                                                                                                |                                       |                                               |                          | 20   |                    |
| 0                           | 21   | Escrow or custodial account liability. Complete Part I                                                                                                                     |                                       |                                               | 1 E                      | 21   |                    |
| Labilities                  | 22   | Loans and other payables to any current or former off<br>key employee, creator or founder, substantial contribu-<br>controlled entity or family member of any of these per | ficer, direc<br>utor, or 35°<br>rsons | tor, trustee,                                 |                          | 22   |                    |
| ב                           | 23   | Secured mortgages and notes payable to unrelated th                                                                                                                        |                                       |                                               | 71,693.                  | 23   | 437,100            |
|                             |      | Unsecured notes and loans payable to unrelated third                                                                                                                       |                                       |                                               | 11,055.                  | 24   | 1377100            |
|                             |      | Other liabilities (including federal income tax, payable<br>and other liabilities not included on lines 17-24). Com                                                        |                                       |                                               | 1. C                     | 25   | 1 20 20 1          |
|                             |      | Total liabilities. Add lines 17 through 25                                                                                                                                 |                                       |                                               | 106,093.                 | 26   | 487,842            |
| ces                         |      | Organizations that follow FASB ASC 958, check here<br>and complete lines 27, 28, 32, and 33.                                                                               | ×X                                    |                                               |                          |      |                    |
| an                          | 27   | Net assets without donor restrictions                                                                                                                                      |                                       |                                               | 3,746,749.               | 27   | 3,900,639          |
| na                          | 28   | Net assets with donor restrictions                                                                                                                                         |                                       |                                               | 350,654.                 | 28   | 12,870             |
| Net Assets or Fund Balances |      | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.                                                                                       | ck here ►                             |                                               |                          |      | 10                 |
| 5                           | 29   | Capital stock or trust principal, or current funds                                                                                                                         |                                       | ******                                        |                          | 29   |                    |
| 12                          |      | Paid-in or capital surplus, or land, building, or equipm                                                                                                                   |                                       |                                               |                          | 30   |                    |
| SSC                         | 31   | Retained earnings, endowment, accumulated income,                                                                                                                          |                                       |                                               |                          | 31   |                    |
| Ä                           | 32   | Total net assets or fund balances                                                                                                                                          |                                       |                                               | 4,097,403.               | 32   | 3,913,509          |
| n l                         | 33   | Total liabilities and net assets/fund balances                                                                                                                             |                                       |                                               | 4,203,496.               | 33   | 4,401,351          |

| 1990 (2020) Center for Children & Families Inc 73-0933253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |      |      | tem 1      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------|------|------------|
| Part XI Reconciliation of Net Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |      |      | Г          |
| Check if Schedule O contains a response or note to any line in this Part XL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |      |      |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |      | 76,1 |            |
| <ul> <li>2 Total expenses (must equal Part IX, column (A), line 25).</li> <li>3 Revenue less expenses. Subtract line 2 from line 1.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |      | 75,8 |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |      | 99,6 | 1 A. A. A. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |      | 97,4 |            |
| <ul> <li>5 Net unrealized gains (losses) on investments.</li> <li>6 Donated services and use of facilities.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |      | 15,7 | 141        |
| 그것 같아요. 그는 것 같아요. 그는 것 같아요. 그는 것이 같아요. 그는 것이 같아요. 그는 것이 같아요. 아이는 것이 같아요. 아이는 것이 같아요. 아이는 것이 같아요. 그는 것이 ? 그는 것이 같아요. 그는 것이 |                     |      |      |            |
| 7 Investment expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | -    | -    | -          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |      | -    | 0          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | -    |      | 0          |
| <ol> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | 3.9  | 13,5 | 509        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |      | Yes  | No         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |      | Yes  | No         |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | -    |      |            |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain<br>in Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |      |      | 37         |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     | 2a   |      | X          |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compile separate basis, consolidated basis, or both:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed or reviewed on a |      |      |            |
| b Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |      | х    | ÷          |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |      |      | -          |
| basis, consolidated basis, or both:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | on a separate       |      |      |            |
| X Separate basis Consolidated basis Both consolidated and separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |      |      |            |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t of the audit,     | 2c   | x    |            |
| If the organization changed either its oversight process or selection process during the tax year,<br>on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |      |      |            |
| 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in<br>Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | 3a   | Х    |            |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the<br>or audits, explain why on Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | 3b   | х    |            |
| BAA TEEA0112L 10/19/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | Form | 990  | (202       |

| SCH   | EDUL   | EA      |    |
|-------|--------|---------|----|
| /Form | 000 01 | - GOD_F | 71 |

# **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.

an an a

| OMB No. 154           | Item 1. |
|-----------------------|---------|
| 202                   | J       |
| Open to P<br>Inspecti | ublic   |
| Inspect               |         |

| nternal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ► Go                                                                                                                                                                                                                                                                                                    | o to www.irs.gov/l                                                                                                                                                                                                                                                                                                                                                 | Form990 for instructions                                                                                                                                                                                                                                                                                                                                                                                                             | and the                                                                                                                                               | atest in                                                                                                                               |                                                                                                                                                                                                                                                                          | inspection                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| lame of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11112                                                                                                                                                                                                                                                                                                   | AV4.02.5                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                        | Employer identific                                                                                                                                                                                                                                                       |                                                                                                                                                                            |
| Center for Child<br>Part   Reason for P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ren & Fai                                                                                                                                                                                                                                                                                               | nilies Inc                                                                                                                                                                                                                                                                                                                                                         | organizations must                                                                                                                                                                                                                                                                                                                                                                                                                   | compl                                                                                                                                                 | oto this                                                                                                                               | 73-093325                                                                                                                                                                                                                                                                |                                                                                                                                                                            |
| The organization is not a p<br>1 A church, convent<br>2 A school describe<br>3 A hospital or a c                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | private founda<br>tion of churche<br>d in <b>section 17</b><br>cooperative ho<br>rch organizati                                                                                                                                                                                                         | ition because it is:<br>s, or association of<br>0(b)(1)(A)(ii). (Attac<br>spital service orga                                                                                                                                                                                                                                                                      | (For lines 1 through 12,<br>churches described in sec<br>h Schedule E (Form 990 o<br>anization described in se<br>njunction with a hospital                                                                                                                                                                                                                                                                                          | check c<br>tion 170<br>r 990-EZ<br>ction 17<br>describe                                                                                               | only one I<br>(b)(1)(A)(i<br>).)<br>0(b)(1)(A)<br>ed in sect                                                                           | oox.)<br>).<br><b>)(iii).</b><br>iion 170(b)(1)(A)(iii). E                                                                                                                                                                                                               |                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | operated for t                                                                                                                                                                                                                                                                                          | he benefit of a co                                                                                                                                                                                                                                                                                                                                                 | llege or university owned                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                       | ated by a                                                                                                                              |                                                                                                                                                                                                                                                                          | escribed in                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    | nental unit described in s                                                                                                                                                                                                                                                                                                                                                                                                           | section '                                                                                                                                             | 170(b)(1)                                                                                                                              | (A)(v).                                                                                                                                                                                                                                                                  |                                                                                                                                                                            |
| 7 X An organization th<br>in section 170(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nat normally re<br>)(1)(A)(vi). (C                                                                                                                                                                                                                                                                      | ceives a substantia<br>omplete Part II.)                                                                                                                                                                                                                                                                                                                           | I part of its support from a                                                                                                                                                                                                                                                                                                                                                                                                         | governm                                                                                                                                               | iental unit                                                                                                                            | or from the general pu                                                                                                                                                                                                                                                   | blic described                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         | 10 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1                                                                                                                                                                                                                                                                                                                            | )(A)(vi). (Complete Part                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| 9 An agricultural res<br>or university or a<br>university:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | search organiza<br>non-land-grant                                                                                                                                                                                                                                                                       | ation described in s<br>college of agricultu                                                                                                                                                                                                                                                                                                                       | ection 170(b)(1)(A)(ix) oper<br>ire (see instructions). Ente                                                                                                                                                                                                                                                                                                                                                                         | rated in or<br>r the nan                                                                                                                              | conjunctio<br>ne, city, a                                                                                                              | n with a land-grant coll<br>nd state of the college                                                                                                                                                                                                                      | ege<br>or                                                                                                                                                                  |
| from activities re<br>investment incor<br>June 30, 1975. S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | elated to its ex<br>me and unrela<br>See section 50                                                                                                                                                                                                                                                     | tempt functions, s<br>ted business taxa<br>19(a)(2). (Complete                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                      | ons; and<br>511 tax                                                                                                                                   | (2) no m<br>) from bu                                                                                                                  | nore than 33-1/3% of<br>isinesses acquired by                                                                                                                                                                                                                            | its support from gross                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    | vely to test for public saf<br>vely for the benefit of, to                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                          | and the second second                                                                                                                                                      |
| <ul> <li>or more publicly lines 12a througl</li> <li>a Type I. A supporti organization(s) th complete Part IV</li> <li>b Type II. A supporti must complete Part IV</li> <li>b Type III. A supporti must complete F</li> <li>c Type III functional organization(s) (the complete Part IV)</li> <li>d Type III non-funct functionally integrated, or Type II non-funct functionally integrated, or Type II functional or Type II non-funct functional or Type III non-funct functional or Type III non-funct functional organization (s) (the complete Part IV)</li> </ul> | supported org<br>h 12d that des<br>ing organization<br>he power to reg<br>V, Sections A<br>orting organiza<br>he supporting or<br>Part IV, Section<br>Illy integrated. J<br>(see instruction<br>tionally integrated<br>grated. The or<br>nu must comp<br>f the organiza<br>organization of supported on | ganizations descripes the type of<br>or operated, supervisularly appoint or ele<br>and B.<br>tition supervised or<br>organization vested<br>ons A and C.<br>A supporting organization<br>s). You must con<br>ted. A supporting or<br>ganization genera<br>lete Part IV, Section<br>tion received a wr<br>operation supervised<br>tion received a wr<br>operations. | bed in section 509(a)(1) a<br>supporting organization<br>sed, or controlled by its sup<br>ect a majority of the director<br>controlled in connection<br>in the same persons that of<br>reation operated in connection<br><b>mplete Part IV, Sections</b><br>organization operated in co<br>Ily must satisfy a distribu-<br>ons A and D, and Part V.<br>itten determination from<br>d supporting organization<br>ted organization(s). | or sectic<br>and cor<br>opported c<br>ris or trus<br>on with its<br>control or<br>or with, a<br><b>A</b> , <b>D</b> , an<br>nnection<br>the IRS<br>n. | n 509(a)<br>nplete lin<br>organizati<br>stees of th<br>support<br>manage<br>nd functio<br>d E.<br>with its s<br>uirement<br>that it is | (2). See section 509(;<br>les 12e, 12f, and 12g.<br>on(s), typically by givin-<br>ne supporting organizat<br>ed organization(s), by<br>the supported organiza<br>nally integrated with, its<br>upported organization(s<br>and an attentiveness<br>a Type I, Type II, Typ | a)(3). Check the box in<br>g the supported<br>ion. You must<br>having control or<br>tion(s). You<br>supported<br>s) that is not<br>requirement (see<br>be 111 functionally |
| (i) Name of supported organ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                         | (ii) EIN                                                                                                                                                                                                                                                                                                                                                           | (iii) Type of organization<br>(described on lines 1-10                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       | Is the<br>tion listed                                                                                                                  | (v) Amount of monetary                                                                                                                                                                                                                                                   | (vi) Amount of other                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    | above (see instructions))                                                                                                                                                                                                                                                                                                                                                                                                            | in your i                                                                                                                                             | governing<br>ment?                                                                                                                     | support (see instructions)                                                                                                                                                                                                                                               | support (see instructions)                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                                                                                                                                                   | No                                                                                                                                     |                                                                                                                                                                                                                                                                          | 1                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100                                                                                                                                                   |                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                         | (                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                                                                                                                            |

# Schedule A (Form 990 or 990-EZ) 2020 Center for Children & Families Inc

| Item | 1. |
|------|----|
|------|----|

73-0933253

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

| Jec          | tion A. Fublic Support                                                                                                                                                                              |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L                                       |                           |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------|
|              | ndar year (or fiscal year<br>nning in) ►                                                                                                                                                            | (a) 2016                                  | <b>(b)</b> 2017                           | (c) 2018                              | <b>(d)</b> 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (e) 2020                                | (f) Total                 |
| 1            | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any 'unusual grants.')                                                                                            | 1,641,074.                                | 1,650,899.                                | 1,501,129.                            | 1,428,786.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,612,136.                              | 7,834,024.                |
| 2            | Tax revenues levied for the<br>organization's benefit and<br>either paid to or expended<br>on its behalf                                                                                            |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 0.                        |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 0.                        |
| 4            | Total. Add lines 1 through 3                                                                                                                                                                        | 1,641,074.                                | 1,650,899.                                | 1,501,129.                            | 1,428,786.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,612,136.                              | 7,834,024.                |
| 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) |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 0.                        |
| 6            | Public support. Subtract line 5 from line 4                                                                                                                                                         |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 7,834,024.                |
| Sec          | tion B. Total Support                                                                                                                                                                               |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                           |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►                                                                                                                                                            | (a) 2016                                  | <b>(b)</b> 2017                           | (c) 2018                              | (d) 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (e) 2020                                | (f) Total                 |
| 11270        | Amounts from line 4                                                                                                                                                                                 | 1,641,074.                                | 1,650,899.                                | 1,501,129.                            | 1,428,786.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,612,136.                              | 7,834,024.                |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties, and income from<br>similar sources                                                         | 3,689.                                    | 3,441.                                    | 3,288.                                | 4,080.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5,778.                                  | 20,276.                   |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on                                                                                         |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 0.                        |
| 10           | Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.) See Part VI                                                                                | 9,960.                                    | 31,690.                                   | 13,607.                               | 35,169.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19,286.                                 | 109,712.                  |
| 11           | Total support. Add lines 7 through 10                                                                                                                                                               |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 7,964,012.                |
| 12           | Gross receipts from related activ                                                                                                                                                                   | vities, etc. (see in                      | structions)                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                                      | 852,409.                  |
| 13           | First 5 years. If the Form 990 is organization, check this box and                                                                                                                                  | for the organizati<br>stop here           | on's first, second                        | , third, fourth, or                   | fifth tax year as a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | section 501(c)(3)                       |                           |
|              | tion C. Computation of Pu                                                                                                                                                                           |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.2.2                                   |                           |
|              | Public support percentage for 20                                                                                                                                                                    |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 98.37%                    |
|              | Public support percentage from                                                                                                                                                                      |                                           |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 98.46%                    |
| 16a          | 33-1/3% support test-2020. If t and stop here. The organization                                                                                                                                     | he organization d<br>qualifies as a pu    | lid not check the l<br>blicly supported c | box on line 13, ar<br>organization    | id line 14 is 33-1/.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3% or more, chec                        | k this box                |
| b            | 33-1/3% support test-2019. If the and stop here. The organization                                                                                                                                   | ne organization di<br>n qualifies as a pu | d not check a box<br>iblicly supported o  | x on line 13 or 16<br>organization    | a, and line 15 is 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3-1/3% or more, (                       | check this box<br>·····►□ |
| 17a          | 10%-facts-and-circumstances to<br>or more, and if the organization<br>the organization meets the facts                                                                                              | meets the facts-a                         | and-circumstance                          | s test, check this                    | box and stop her                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e. Explain in Part                      | VI how                    |
|              | 10%-facts-and-circumstances to<br>or more, and if the organization<br>organization meets the 'facts-an                                                                                              | meets the facts-a<br>d-circumstances      | and-circumstance<br>test. The organiz     | s test, check this ation qualifies as | box and stop her<br>a publicly suppor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e. Explain in Part<br>ted organization. | VI now the                |
| 18           | Private foundation. If the organi                                                                                                                                                                   | ization did not che                       | eck a box on line                         | 13, 16a, 16b, 17a                     | A REAL PROPERTY AND A REAL |                                         |                           |
| BAA          |                                                                                                                                                                                                     |                                           |                                           |                                       | Sc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | hedule A (Form 9                        | 90 or 990-EZ) 2020        |

### Center for Children & Families Inc

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.)

| 1       Gifts, grants, contributions, are chembership fees methods in the present here ship fees methods in the present here from the fees methods in the present here ship fees methods in there present here from there sh | on A. Public Support                                                                                                                                                    |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| and refer thershold refers to the services performed, or facilities thershold refers to the services there are unrelated to the organization's services and exercises there are unrelated to the organization's services and exercises there are unrelated to the organization's services and exercises there are unrelated to the organization's therefits and either paid to or expended on the services there are unrelated to the organization's therefits and either paid to or expended on the services.       Image: the there are unrelated trade to the organization's therefits and either paid to or expended on the services.         5       Total: Add lines 1: through 5       Image: the there are unrelated to the organization without charge and the services there are unrelated to the organization without charge and the services there are unrelated to the services there are unrelated to the organization without charge and the services there are unrelated to the area and the organization without charge and the services there are unrelated to the area and the organization without charge and the services there are unrelated to the there are unrelated to the area and the organization without charge and the area are unrelated to the area area area area area area area ar                                                                                                                                                                                                                                                                                                                                                                                                                     | year (or fiscal year beginning in) >                                                                                                                                    | (f) Total           |
| 2 Gross needpids from admissions, merchandiss old or services performed, or facilities furnished in any activity that is related to the organization's take example purpose. <ul> <li>Gross needpids from admissions, merchandiss under services performed, or facilities in any activity that is related to the organization's take examples from admissions to the first and end of the organization's banefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and event without charge .             <li>Image: the provide of the organization without charge .</li> <li>Total Add lines 1 through 5</li> <li>A mounts included on lines 1, and a sective from other than accored the greater of \$5.000 or 1% of the amount on line 13 for the year.</li> <li>Add lines 7, and 7 sective the organization is a sective from other than accored the greater of \$5.000 or 1% of the sective from other than accored the greater of \$5.000 or 1% of the sective from other than accored the greater of \$5.000 or 1% of the sective from other than accored the greater of \$5.000 or 1% of the sective from other than accored the greater of \$5.000 or 1% of the sective from other than accored the greater of \$5.000 or 1% of the sective from other than accored the greater of \$5.000 or 1% of the sective from other than accored the greater of \$5.000 or 1% of the sective from the folder of \$1.0000 or 1% of the sective from other than accored the greater of \$5.000 or 1% of the sective from the folder of \$1.0000 or 1% of the sective from the secored from the sective from the sective from</li></li></ul>                                             | ceived. (Do not include                                                                                                                                                 |                     |
| 3 Gross receipts from activities<br>that are not an unrelated trade<br>or business under section 513.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | oss receipts from admissions,<br>erchandise sold or services<br>erformed, or facilities<br>rnished in any activity that is<br>lated to the organization's               |                     |
| 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 trunished by a governmental unit to the organization without charge         6       Total. Add lines 1 through 5         7a Amounts included on lines 1.          7a Amounts included on lines 2.          and 3 received from difference          6       Total. Add lines 1 through 5          6       Amounts included on lines 2.          and 3 received from other than adisqualified persons the amount on line 13 for the year          6       Add lines 7a and 7b          8       Public support.          Cated lines 7a and 7b       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Tot.         9       Amounts from line 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ross receipts from activities                                                                                                                                           |                     |
| 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 difer than disqualified persons.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ax revenues levied for the ganization's benefit and the paid to or expended on                                                                                          |                     |
| 7a Amounts included on lines 1,<br>2, and 3 received from<br>disqualified persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ne value of services or<br>cilities furnished by a<br>overnmental unit to the                                                                                           |                     |
| and 3 received from other than<br>disquified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mounts included on lines 1,<br>and 3 received from                                                                                                                      |                     |
| 8       Public support. (Subtract line<br>7c from line 6.)         Section B. Total Support         Calendar year (or fiscal year beginning in) > <ul> <li>(a) 2016</li> <li>(b) 2017</li> <li>(c) 2018</li> <li>(d) 2019</li> <li>(e) 2020</li> <li>(f) Total support.</li> </ul> 10a       Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nd 3 received from other than<br>squalified persons that<br>seed the greater of \$5,000 or<br>% of the amount on line 13<br>r the year                                  |                     |
| 7c from line 6.)       Section B. Total Support         Calendar year (or fiscal year beginning in) *       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total Support         9 Amounts from line 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| Calendar year (or fiscal year beginning in)       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         9 Amounts from line 6       Image: Construction of the c                                                                                        | blic support. (Subtract line from line 6.).                                                                                                                             |                     |
| 9       Amounts from line 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n B. Total Support                                                                                                                                                      |                     |
| 9 Amounts from line 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | year (or fiscal year beginning in)                                                                                                                                      | (f) Total           |
| payments received on securities loans,<br>rents, royalties, and income from<br>similar sources.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                         |                     |
| 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 5 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | yments received on securities loans,<br>nts, royalties, and income from<br>milar sources<br>nrelated business taxable<br>come (less section 511<br>xes) from businesses |                     |
| 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 5 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                         |                     |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t income from unrelated business<br>tivities not included in line 10b,<br>hether or not the business is                                                                 |                     |
| 10c, 11, and 12.)       Image: style="text-align: center;">10c, 11, and 12.)         14 First 5 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ther income. Do not include<br>ain or loss from the sale of<br>apital assets (Explain in                                                                                | I                   |
| 14 First 5 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                         |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | irst 5 years. If the Form 990 is for                                                                                                                                    | ) ►[                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                         |                     |
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                         | 00                  |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and the second                                                        | -                   |
| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                         | 8                   |
| 18 Investment income percentage for 2019 Schedule A, Part III, line 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |                     |
| 19a 33-1/3% support tests-2020. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | not more than 33-1/3%, check the support tests -2019. If the                                                                                                            | on►<br>33-1/3%. and |
| <ul> <li>Ine 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                         |                     |
| BAA TEEA0403L 09/14/20 Schedule A (Form 990 or 990-E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                         |                     |

### Schedule A (Form 990 or 990-EZ) 2020 Center for Children & Families Inc

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

TEEA0404L 01/20/21

BAA

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

| Schedule A | Alcodie A (10m 355 01 550 EE) 2020 CENECT TOT OMPTATION & TAMPTTOD THE |                                                                                                                   | 73-0933253         |     | Item 1. |
|------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------|-----|---------|
| Part IV    | Supporting Organizations (co                                           | ntinued)                                                                                                          |                    | Yes | No      |
| a A ne     |                                                                        | ribution from any of the following persons?<br>ner alone or together with persons described in lines 11b<br>tion? | and 11c below, 11a |     |         |
| b A fa     | mily member of a person described in li                                | ine 11a above?                                                                                                    | 116                |     |         |
| C A 359    | % controlled entity of a person described in line 11                   | a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in P                                            | Part VI. 11c       | -   |         |

#### Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

### Section C. Type II Supporting Organizations

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 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

|   |                                                                                                                                                                                                                                                                                                                                                             |   | res      | NO |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |          |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?                                                                                                                                                                                                                                            | 1 |          | _  |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                                                                                                                                                                                                                                            |   |          |    |
|   | 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).      | 2 |          | 1  |
| 3 | By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played<br>in this regard.                                                                                                                                                                                                           |   | <u>1</u> |    |

### 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).
  - The organization satisfied the Activities Test. Complete line 2 below. a
  - The organization is the parent of each of its supported organizations. Complete line 3 below. h
  - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C

#### 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If 'Yes' or 'No,' provide details in Part VI.
- 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.

Item 1.

Yes

1

2

1

No

No

Yes

Yes

2a

2b

3a

3b

No

73-0933253

### Schedule A (Form 990 or 990-EZ) 2020 Center for Children & Families Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| Sec | tion A – Adjusted Net Income                                                                                                                                                                             |    | (A) Prior Year    | (B) Current Year<br>(optional) |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------|--------------------------------|
| 1   | Net short-term capital gain                                                                                                                                                                              | 1  |                   |                                |
| 2   | Recoveries of prior-year distributions                                                                                                                                                                   | 2  |                   | 12                             |
| 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<br>(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):                                                                                                                           |    |                   | 1.00                           |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | 2  |                   |                                |
| 3   | Subtract line 2 from line 1d.                                                                                                                                                                            | 3  |                   |                                |
| 4   | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | 4  |                   | -                              |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | 5  |                   |                                |
| 6   | Multiply line 5 by 0.035.                                                                                                                                                                                | 6  |                   |                                |
| 7   | Recoveries of prior-year distributions                                                                                                                                                                   | 7  |                   |                                |
| 8   | Minimum Asset Amount (add line 7 to line 6)                                                                                                                                                              | 8  |                   |                                |
| Sec | tion C – Distributable Amount                                                                                                                                                                            |    |                   | Current Year                   |
| 1   | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                                                    | 1  | 1000              |                                |
| 2   | Enter 0.85 of line 1.                                                                                                                                                                                    | 2  |                   |                                |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                                                   | 3  |                   |                                |
| 4   | Enter greater of line 2 or line 3.                                                                                                                                                                       | 4  | the second second |                                |
| 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  |                   |                                |

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

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Schedule A (Form 990 or 990-EZ) 2020

| and the second second | dule A (Form 990 or 990-EZ) 2020 Center for Children                                                                                                                                  |                                |                                       |           | 3253 Ite                                 | əm 1. |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|-----------|------------------------------------------|-------|
| Par                   |                                                                                                                                                                                       | pporting Organiza              | tions (continued                      | <u>a)</u> |                                          |       |
| Sec                   | tion D – Distributions                                                                                                                                                                |                                |                                       |           | Current Year                             |       |
| _1                    | Amounts paid to supported organizations to accomplish exempt pur                                                                                                                      |                                |                                       | 1         |                                          |       |
| 2                     | Amounts paid to perform activity that directly furthers exempt purposes o<br>in excess of income from activity                                                                        | f supported organization       | 3,                                    | 2         |                                          |       |
| 3                     | Administrative expenses paid to accomplish exempt purposes of su                                                                                                                      | pported organizations          |                                       | 3         |                                          |       |
| 4                     | Amounts paid to acquire exempt-use assets                                                                                                                                             |                                |                                       | 4         |                                          |       |
| 5                     | Qualified set-aside amounts (prior IRS approval required - provide                                                                                                                    | details in Part VI)            |                                       | 5         |                                          |       |
| 6                     | Other distributions (describe in Part VI). See instructions.                                                                                                                          |                                |                                       | 6         |                                          | _     |
| _7                    | Total annual distributions. Add lines 1 through 6.                                                                                                                                    |                                |                                       | 7         |                                          |       |
| 8                     | Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.                                                                   | on is responsive (provide      | details                               | 8         |                                          |       |
| 9                     | Distributable amount for 2020 from Section C, line 6                                                                                                                                  |                                |                                       | 9         |                                          |       |
| 10                    | Line 8 amount divided by line 9 amount                                                                                                                                                |                                |                                       | 10        |                                          |       |
| Sec                   | tion E – Distribution Allocations (see instructions)                                                                                                                                  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributio<br>Pre-2020  | ons       | (iii)<br>Distributable<br>Amount for 202 |       |
| 1                     | Distributable amount for 2020 from Section C, line 6                                                                                                                                  |                                |                                       | -         |                                          |       |
| 2                     | Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.                                                       |                                |                                       |           |                                          |       |
| 3                     | Excess distributions carryover, if any, to 2020                                                                                                                                       |                                |                                       |           |                                          |       |
| a                     | From 2015                                                                                                                                                                             |                                |                                       |           | Same -                                   |       |
| b                     | From 2016                                                                                                                                                                             |                                |                                       |           |                                          |       |
| C                     | From 2017                                                                                                                                                                             |                                | -                                     |           |                                          | 1     |
| c                     | From 2018                                                                                                                                                                             |                                |                                       |           |                                          |       |
| e                     | From 2019                                                                                                                                                                             |                                |                                       |           |                                          | -     |
| 1                     | f Total of lines 3a through 3e                                                                                                                                                        |                                |                                       |           |                                          |       |
| ç                     | Applied to underdistributions of prior years                                                                                                                                          |                                |                                       |           |                                          | 1     |
| h                     | Applied to 2020 distributable amount                                                                                                                                                  |                                |                                       |           |                                          |       |
|                       | Carryover from 2015 not applied (see instructions)                                                                                                                                    |                                |                                       | - 11      |                                          |       |
|                       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                                |                                |                                       |           | 12.                                      |       |
| 4                     | Distributions for 2020 from Section D,<br>line 7: \$                                                                                                                                  |                                |                                       |           |                                          |       |
| a                     | Applied to underdistributions of prior years                                                                                                                                          |                                |                                       |           |                                          | 1     |
|                       | Applied to 2020 distributable amount                                                                                                                                                  |                                |                                       |           |                                          |       |
| 1000                  | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                      |                                |                                       |           |                                          |       |
| 5                     | Remaining underdistributions for years prior to 2020, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, <i>explain in Part VI</i> . See instructions. |                                | · · · · · · · · · · · · · · · · · · · |           |                                          |       |
| 6                     | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                              |                                |                                       |           |                                          |       |
| 7                     | Excess distributions carryover to 2021. Add lines 3j and 4c.                                                                                                                          |                                |                                       | 1         |                                          |       |
| 8                     | Breakdown of line 7:                                                                                                                                                                  |                                |                                       |           |                                          |       |
| a                     | Excess from 2016                                                                                                                                                                      |                                |                                       |           |                                          |       |
| Ŀ                     | Excess from 2017                                                                                                                                                                      |                                |                                       |           |                                          |       |
| C                     | Excess from 2018                                                                                                                                                                      |                                |                                       |           |                                          |       |
| c                     | Excess from 2019                                                                                                                                                                      |                                |                                       |           |                                          |       |
|                       | Excess from 2020                                                                                                                                                                      |                                |                                       |           |                                          |       |

BAA

Schedule A (Form 990 or 990-EZ) 2020

L

| art VI      | Suppleme                        | ntal Infor<br>art IV, Secti    | mation<br>on A, line   | . Provide<br>s 1, 2, 3b,   | the exp.<br>3c, 4b,   | anations re<br>4c, 5a, 6, 9  | quired<br>a, 9b, 9 | by Part II, li<br>c, 11a, 11b, | ine 10;<br>and 11    | Part II, line 17<br>Ic; Part IV, Sec | a or 1  | 7b; Part |
|-------------|---------------------------------|--------------------------------|------------------------|----------------------------|-----------------------|------------------------------|--------------------|--------------------------------|----------------------|--------------------------------------|---------|----------|
|             | B, lines 1 and<br>3a. and 3b: P | i 2; Part IV,<br>art V. line 1 | Section (<br>Part V. S | C, line 1; P<br>Section B, | art IV, S<br>line 1e; | Section D, li<br>Part V, Sec | nes 2 a<br>tion D, | nd 3; Part I<br>lines 5, 6, a  | V, Secti<br>and 8; a | ion E, lines 1c,<br>and Part V, Se   | , 2a, 2 | b,       |
| _           | lines 2, 5, and                 | d 6. Álso co                   | mplete th              | is part for                | any add               | litional info                | rmation            | n. (See instr                  | ructions             | .)                                   |         |          |
|             |                                 |                                |                        |                            |                       |                              |                    |                                |                      |                                      |         |          |
| Part II, L  | ine 10 - Othe                   | r Income                       |                        |                            |                       |                              |                    |                                |                      |                                      |         |          |
| ·           | ine 10 - Othe<br>and Source     |                                |                        | 20                         |                       | 2019                         | +                  | 2018                           |                      | 2017                                 |         | 2016     |
| 8 10 8 10 F | and Source                      |                                | 20                     | 9,286.                     |                       | 2 <u>019</u><br>35,169.      |                    | <u>2018</u><br>13,607          | 4                    | <u>2017</u><br>31,690.               |         | 201      |

# Additional Explanation of Other Income

Other revenues used to defray the cost of operations.

| Schedule B<br>(Form 990, 990-EZ,<br>or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service | Schedule of Contributors<br>Attach to Form 990, Form 990-EZ, or Form 990-PF.<br>Go to www.irs.gov/Form990 for the latest information. | OMB No. 1545-0 /<br>2020                     |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Center for Child                                                             | ren & Families Inc                                                                                                                    | Employer identification number<br>73-0933253 |
| Organization type (check                                                                                 |                                                                                                                                       |                                              |
| 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 for                                                                    | oundation                                    |
|                                                                                                          | 527 political organization                                                                                                            |                                              |
| Form 990-PF                                                                                              | 501(c)(3) exempt private foundation                                                                                                   |                                              |
|                                                                                                          | 4947(a)(1) nonexempt charitable trust treated as a private found                                                                      | dation                                       |
|                                                                                                          | 501(c)(3) taxable private foundation                                                                                                  |                                              |

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

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

#### **General Rule**

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

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) | 1 1                            | Item 1. |
|-------------------------------------------------|--------------------------------|---------|
| Name of organization                            | Employer identification number |         |
| Center for Children & Families Inc              | 73-0933253                     |         |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                        |
|------------|--------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------|
| 1          | Okla Dept of Human Service           P. O. Box 25352           Okla City, OK 73125         | \$ <u>347,320.</u>            | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                        |
| 2          | Okla District Attorney's Council<br>421 N W 13th St Ste 290<br>Okla City, OK 73103         | \$ <u>352,383.</u>            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                        |
| 3          | City of Norman<br>P. O. Box 370<br>Norman, OK 73069                                        | \$120,000.                    | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                        |
| 4          | Alan Brinkley<br>2622 Walnut Rd.<br>Norman, OK 73072                                       | \$109,640.                    | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                        |
| 5          | Herbalife Nutrition Foundation<br>800 W Olympic Blvd Ste 406<br>Los Angeles, CA 90015-1367 | \$ <u>42,000.</u>             | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                        |
|            |                                                                                            | \$                            | Person                                                                             |
| BAA        | TEEA0702L 07/28/20                                                                         | Schedule B (Form 99           | 0, 990-EZ, or 990-PF) (202                                                         |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) | 11 <i>Item</i>                 | า 1. |
|-------------------------------------------------|--------------------------------|------|
| Name of organization                            | Employer identification number |      |
| Center for Children & Families Inc              | 73-0933253                     |      |

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

| 10.52                     |                                              |                                                       | 2 IN                 |
|---------------------------|----------------------------------------------|-------------------------------------------------------|----------------------|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.)       | (d)<br>Date received |
|                           | N/A                                          |                                                       |                      |
|                           |                                              | \$                                                    |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.)       | (d)<br>Date received |
|                           |                                              | \$                                                    |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.)       | (d)<br>Date received |
|                           |                                              | \$                                                    |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.)       | (d)<br>Date received |
| a) No.<br>from<br>Part I  | (b)<br>Description of noncash property given | \$<br>(c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |                                              | \$                                                    |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.)       | (d)<br>Date received |
|                           |                                              | \$                                                    |                      |
|                           |                                              |                                                       | Z, or 990-PF) (202   |

| Schedule B                  | (Form 990, 990-EZ, or 990-PF) (2020)   |                                                                                                               | 1 1                                                                                                                              | Item 1       |  |
|-----------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| Name of organ               | ization<br>for Children & Families Inc |                                                                                                               | Employer identification nunl<br>73-0933253                                                                                       |              |  |
| Part III                    |                                        | e year from any one contributo<br>mpleting Part III, enter the total of<br>Enter this information once. See i | ations described in section 501(c)(7),<br>or. Complete columns (a) through (e) and<br>f exclusively religious, charitable, etc., | (8),<br>_N/A |  |
| (a)<br>No. from<br>Part I   | (b) Purpose of gift                    | (c) Use of gift                                                                                               | (d) Description of how gift is h                                                                                                 | eld          |  |
|                             | <u>N/A</u>                             |                                                                                                               |                                                                                                                                  |              |  |
|                             | Transferee's name, address             | (e) Transfer of gift<br>, and ZIP + 4                                                                         | Relationship of transferor to transferee                                                                                         |              |  |
|                             |                                        |                                                                                                               |                                                                                                                                  |              |  |
| (a)<br>No. from<br>Part I   | (b) Purpose of gift                    | (c) Use of gift                                                                                               | (d) Description of how gift is he                                                                                                | eld          |  |
|                             |                                        |                                                                                                               |                                                                                                                                  |              |  |
|                             | Transferee's name, address             | (e) Transfer of gift<br>, and ZIP + 4<br>                                                                     | Relationship of transferor to transferee                                                                                         |              |  |
| (a)<br>No. from<br>Part I   | (b) Purpose of gift                    | (c) Use of gift                                                                                               | (d) Description of how gift is h                                                                                                 | eld          |  |
| (a)<br>No. from<br>Part III |                                        |                                                                                                               |                                                                                                                                  |              |  |
|                             | Transferee's name, address             | (e) Transfer of gift<br>s, and ZIP + 4                                                                        | Relationship of transferor to transferee                                                                                         |              |  |
| (a)<br>No. from             |                                        | <br>(c) Use of gift                                                                                           | (d) Description of how gift is h                                                                                                 | eld          |  |
| Part I                      |                                        |                                                                                                               |                                                                                                                                  |              |  |
|                             | Transferee's name, address             | Relationship of transferor to transferee                                                                      |                                                                                                                                  |              |  |
|                             |                                        |                                                                                                               |                                                                                                                                  |              |  |

| CHEDULE D<br>Form 990)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Supp<br>► Complete                                                                                                                                                                                                                                                                                                                                                                                                          | Iemental Financial Statements<br>if the organization answered 'Yes' on Form                                                                                                                                                                                                                                                                                                                  | 5<br>990,                                                                                    |                                                                                                | OMB No. 154 Iten                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part IV, line 6,                                                                                                                                                                                                                                                                                                                                                                                                            | if the organization answered 'Yes' on Form<br>7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a,<br>▶ Attach to Form 990.                                                                                                                                                                                                                                                                       | or 12b.                                                                                      |                                                                                                | Open to Public                                                              |
| epartment of the Treasury<br>Iternal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ► Go to www.irs.g                                                                                                                                                                                                                                                                                                                                                                                                           | ov/Form990 for instructions and the latest i                                                                                                                                                                                                                                                                                                                                                 | nformation.                                                                                  | Employer id                                                                                    | Inspection<br>entification number                                           |
| ame of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              | Employer ic                                                                                    | entiteetten hamber                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dura C Tandildon Ta                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              | 73-093                                                                                         | 3253                                                                        |
| enter for child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dren & Families Ir                                                                                                                                                                                                                                                                                                                                                                                                          | Advised Funds or Other Similar Fu                                                                                                                                                                                                                                                                                                                                                            | nds or Ac                                                                                    |                                                                                                | 5255                                                                        |
| Part I Organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | f the organization answ                                                                                                                                                                                                                                                                                                                                                                                                     | ered 'Yes' on Form 990, Part IV, line                                                                                                                                                                                                                                                                                                                                                        | e 6.                                                                                         | oountor                                                                                        |                                                                             |
| A stropped a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (                                                                                                                                                                                                                                                                                                                                                                                                                           | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | Funds and                                                                                      | other accounts                                                              |
| 1 Total number at en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d of year                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ibutions to (during year)                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s from (during year)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | end of year                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                                            |                                                                                                |                                                                             |
| 5 Did the organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n inform all donors and don                                                                                                                                                                                                                                                                                                                                                                                                 | or advisors in writing that the assets held in o                                                                                                                                                                                                                                                                                                                                             | lonor adviser                                                                                | funds                                                                                          |                                                                             |
| are the organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n's property, subject to the                                                                                                                                                                                                                                                                                                                                                                                                | organization's exclusive legal control?                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                                | Yes No                                                                      |
| impermissible priva                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | on Easements.                                                                                                                                                                                                                                                                                                                                                                                                               | s, and donor advisors in writing that grant fur<br>of the donor or donor advisor, or for any othe<br>vered 'Yes' on Form 990, Part IV, line                                                                                                                                                                                                                                                  |                                                                                              |                                                                                                | ]Yes No                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             | the organization (check all that apply).                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | land for public use (for examp                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                              | tion of a hist                                                                               | orically imp                                                                                   | ortant land area                                                            |
| Protection of n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the second                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                              | tion of a cert                                                                               |                                                                                                |                                                                             |
| Preservation of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                |                                                                             |
| and by the second states and the second states of the second states and the second state |                                                                                                                                                                                                                                                                                                                                                                                                                             | eld a qualified conservation contribution in the fo                                                                                                                                                                                                                                                                                                                                          | rm of a conse                                                                                | rvation ease                                                                                   | ment on the                                                                 |
| last day of the tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | year.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              | Held at the                                                                                    | End of the Tax Ye                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                |                                                                             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             | ed historic structure included in (a)                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                                |                                                                             |
| d Number of conserv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ation easements included in<br>he National Register                                                                                                                                                                                                                                                                                                                                                                         | (c) acquired after 7/25/06, and not on a hist                                                                                                                                                                                                                                                                                                                                                | oric 2d                                                                                      |                                                                                                |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             | ferred, released, extinguished, or terminated by                                                                                                                                                                                                                                                                                                                                             |                                                                                              | ion during th                                                                                  | e                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ere property subject to conser                                                                                                                                                                                                                                                                                                                                                                                              | vation easement is located >                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                                |                                                                             |
| 5 Does the organizat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ion have a written policy reg                                                                                                                                                                                                                                                                                                                                                                                               | arding the periodic monitoring, inspection, h                                                                                                                                                                                                                                                                                                                                                | andling of vic                                                                               | lations,                                                                                       |                                                                             |
| and enforcement o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | f the conservation easemen                                                                                                                                                                                                                                                                                                                                                                                                  | ts it holds?                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                                | Yes No                                                                      |
| 6 Staff and volunteer I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nours devoted to monitoring, ir                                                                                                                                                                                                                                                                                                                                                                                             | specting, handling of violations, and enforcing c                                                                                                                                                                                                                                                                                                                                            | onservation e                                                                                | asements du                                                                                    | iring the year                                                              |
| H A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Leave d in monitoring Japan                                                                                                                                                                                                                                                                                                                                                                                                 | ting, handling of violations, and enforcing conse                                                                                                                                                                                                                                                                                                                                            | nuation easem                                                                                | ante durina                                                                                    | the year                                                                    |
| 7 Amount of expenses<br>►\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | incurrea in monitoring, inspec                                                                                                                                                                                                                                                                                                                                                                                              | and enforcing conse                                                                                                                                                                                                                                                                                                                                                                          | rvation easen                                                                                | ients during                                                                                   | uie year                                                                    |
| - 1 U -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ution operation and the second on                                                                                                                                                                                                                                                                                                                                                                                           | line 2(d) above satisfy the requirements of s                                                                                                                                                                                                                                                                                                                                                | ection 170/h                                                                                 |                                                                                                |                                                                             |
| 8 Does each conserv<br>and section 170(h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (4)(B)(ii)?                                                                                                                                                                                                                                                                                                                                                                                                                 | The z(u) above satisfy the requirements of s                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                                | Yes No                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | how the organization repo                                                                                                                                                                                                                                                                                                                                                                                                   | orts conservation easements in its revenue a<br>the organization's financial statements that                                                                                                                                                                                                                                                                                                 | nd expense s                                                                                 | tatement a                                                                                     | nd balance sheet,<br>on's accounting fo                                     |
| include, if applicab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              | milar Ass                                                                                      | ets.                                                                        |
| include, if applicab<br>conservation easer<br>Part III Organizati<br>Complete i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <sup>nents.</sup><br>ons Maintaining Collec<br>f the organization ansv                                                                                                                                                                                                                                                                                                                                                      | c <b>tions of Art, Historical Treasures, o</b><br>vered 'Yes' on Form 990, Part IV, lin                                                                                                                                                                                                                                                                                                      | e 8.                                                                                         |                                                                                                |                                                                             |
| include, if applicab<br>conservation easer<br>Part III Organizatio<br>Complete i<br>1 a If the organization<br>historical treasures<br>Part XIII the text o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nents.<br>ons Maintaining Collec<br>f the organization answ<br>elected, as permitted under<br>, or other similar assets hele<br>f the footnote to its financial                                                                                                                                                                                                                                                             | FASB ASC 958, not to report in its revenue and for public exhibition, education, or research statements that describes these items.                                                                                                                                                                                                                                                          | e 8.<br>statement an<br>in furtherand                                                        | d balance s<br>ce of public                                                                    | heet works of art,<br>service, provide ir                                   |
| include, if applicab<br>conservation easer<br>Part III Organizatio<br>Complete i<br>1 a If the organization<br>historical treasures<br>Part XIII the text o<br>b If the organization<br>historical treasures,<br>following amounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nents.<br>ons Maintaining Collect<br>f the organization answ<br>elected, as permitted under<br>, or other similar assets held<br>f the footnote to its financial<br>elected, as permitted under<br>or other similar assets held fo<br>relating to these items:                                                                                                                                                              | vered 'Yes' on Form 990, Part IV, Im-<br>FASB ASC 958, not to report in its revenue<br>of for public exhibition, education, or research<br>statements that describes these items.<br>FASB ASC 958, to report in its revenue state<br>r public exhibition, education, or research in furth                                                                                                    | e 8.<br>in furtherand<br>ement and ba<br>herance of pub                                      | d balance s<br>ce of public<br>alance shee<br>blic service,                                    | heet works of art,<br>service, provide ir                                   |
| include, if applicab<br>conservation easer<br>Part III Organizatio<br>Complete i<br>1 a If the organization<br>historical treasures<br>Part XIII the text o<br>b If the organization<br>historical treasures,<br>following amounts<br>(i) Revenue include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nents.<br>ons Maintaining Collec<br>f the organization answ<br>elected, as permitted under<br>, or other similar assets held<br>t the footnote to its financial<br>elected, as permitted under<br>or other similar assets held for<br>relating to these items:<br>ded on Form 990, Part VIII, I                                                                                                                             | vered 'Yes' on Form 990, Part IV, Im-<br>FASB ASC 958, not to report in its revenue of<br>for public exhibition, education, or research<br>statements that describes these items.<br>FASB ASC 958, to report in its revenue state<br>r public exhibition, education, or research in furth<br>ine 1                                                                                           | e 8.<br>statement an<br>in furtherance<br>ement and ba<br>herance of put                     | d balance s<br>ce of public<br>alance shee<br>blic service,                                    | heet works of art,<br>service, provide ir                                   |
| include, if applicab<br>conservation easer<br>Part III Organization<br>Complete i<br>1 a If the organization<br>historical treasures<br>Part XIII the text or<br>b If the organization<br>historical treasures,<br>following amounts<br>(i) Revenue include<br>(ii) Assets include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nents.<br>ons Maintaining Collect<br>f the organization answ<br>elected, as permitted under<br>, or other similar assets hele<br>f the footnote to its financial<br>elected, as permitted under<br>or other similar assets held for<br>relating to these items:<br>ded on Form 990, Part VIII,<br>d in Form 990, Part X                                                                                                     | vered 'Yes' on Form 990, Part IV, Im-<br>FASB ASC 958, not to report in its revenue a<br>d for public exhibition, education, or research<br>statements that describes these items.<br>FASB ASC 958, to report in its revenue state<br>r public exhibition, education, or research in furth<br>ine 1.                                                                                         | e 8.<br>statement an<br>in furtherand<br>ement and ba<br>lerance of put                      | d balance s<br>ce of public<br>alance shee<br>blic service,<br>\$                              | heet works of art,<br>service, provide ir<br>t works of art,<br>provide the |
| include, if applicab<br>conservation easer<br>Part III Organization<br>Complete i<br>1 a If the organization<br>historical treasures<br>Part XIII the text o<br>b If the organization<br>historical treasures,<br>following amounts<br>(i) Revenue include<br>(ii) Assets include<br>2 If the organization re<br>amounts required to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nents.<br>ons Maintaining Collect<br>f the organization answ<br>elected, as permitted under<br>, or other similar assets held<br>f the footnote to its financial<br>elected, as permitted under<br>or other similar assets held for<br>relating to these items:<br>ded on Form 990, Part VIII, I<br>d in Form 990, Part X<br>acceived or held works of art, hill<br>to be reported under FASB A                             | vered 'Yes' on Form 990, Part IV, Im-<br>FASB ASC 958, not to report in its revenue ed<br>for public exhibition, education, or research<br>statements that describes these items.<br>FASB ASC 958, to report in its revenue state<br>public exhibition, education, or research in furth<br>ine 1<br>storical treasures, or other similar assets for fina<br>ASC 958 relating to these items: | e 8.<br>statement an<br>in furtherand<br>ement and ba<br>lerance of put<br>incial gain, pro- | d balance s<br>ce of public<br>alance shee<br>blic service,<br>\$<br>\$<br>\$<br>ovide the fol | heet works of art,<br>service, provide ir<br>t works of art,<br>provide the |
| include, if applicab<br>conservation easer<br>Part III Organization<br>Complete i<br>1 a If the organization<br>historical treasures<br>Part XIII the text of<br>b If the organization<br>historical treasures,<br>following amounts<br>(i) Revenue include<br>(ii) Assets include<br>2 If the organization re<br>amounts required to<br>a Revenue included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nents.<br>ons Maintaining Collect<br>f the organization answ<br>elected, as permitted under<br>, or other similar assets hel-<br>f the footnote to its financial<br>elected, as permitted under<br>or other similar assets held fo<br>relating to these items:<br>ded on Form 990, Part VIII, I<br>d in Form 990, Part X<br>eceived or held works of art, hi<br>to be reported under FASB A<br>on Form 990, Part VIII, line | vered 'Yes' on Form 990, Part IV, Im-<br>FASB ASC 958, not to report in its revenue a<br>d for public exhibition, education, or research<br>statements that describes these items.<br>FASB ASC 958, to report in its revenue state<br>r public exhibition, education, or research in furth<br>ine 1.                                                                                         | e 8.<br>statement and<br>in furtherand<br>ement and ba<br>herance of put                     | d balance s<br>ce of public<br>alance shee<br>blic service,<br>\$<br>\$<br>ovide the fol       | heet works of art,<br>service, provide ir<br>t works of art,<br>provide the |

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| Schedule D (Form 990) 2020 Center Part III Organizations Maintair                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -0933253<br>r Assets ( |                                                                                                                 | lte<br>eu) |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------|------------|
| 3 Using the organization's acquisition,                                                                    | accession, and othe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r records, check an                        | y of the following that                                                                                         | make significant use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e of its collect       | ion                                                                                                             |            |
| items (check all that apply):                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a 🗖 Loon a                                 |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| a Public exhibition                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | r exchange program                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| b Scholarly research                                                                                       | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e 🗌 Other                                  | ÷                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| <ul> <li>c Preservation for future general</li> <li>4 Provide a description of the organization</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d explain how they                         | further the organization                                                                                        | n's exempt purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in                     |                                                                                                                 |            |
| Part XIII.                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| 5 During the year, did the organizati<br>to be sold to raise funds rather that                             | on solicit or receiv<br>in to be maintaine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e donations of art,<br>d as part of the or | historical treasures,<br>canization's collectio                                                                 | or other similar as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ssets Ye               | sГ                                                                                                              | N          |
| Part IV Escrow and Custodial                                                                               | Arrangements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Complete if th                             | e organization a                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 90, Par                                                                                                         | t IV       |
| line 9, or reported an a                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 1                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. 1947 S              |                                                                                                                 |            |
| 1 a Is the organization an agent, truste<br>on Form 990, Part X?                                           | ee, custodian or ot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | her intermediary f                         | or contributions or ot                                                                                          | her assets not incl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | s ſ                                                                                                             | N          |
| b If 'Yes,' explain the arrangement in                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | но Ц                   | L                                                                                                               |            |
|                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amou                   | nt                                                                                                              |            |
| c Beginning balance                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 | _          |
| d Additions during the year                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| e Distributions during the year                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| f Ending balance                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | Constrained and the second second second                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| 2 a Did the organization include an an                                                                     | nount on Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , Part X, line 21, f                       | or escrow or custodi                                                                                            | al account liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ? Ye                   | S                                                                                                               | N          |
| b If 'Yes,' explain the arrangement in                                                                     | n Part XIII. Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | here if the explanation                    | ation has been provid                                                                                           | ded on Part XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | · · · · · ·                                                                                                     |            |
|                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 | _          |
| Part V Endowment Funds. Co                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
|                                                                                                            | (a) Current year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (b) Prior year                             | (c) Two years ba                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Four year                                                                                                       | -          |
| 1 a Beginning of year balance                                                                              | 204,167.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 178,16                                     | 53. 197,2                                                                                                       | 27. 181,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ,881.                  | 175,                                                                                                            | 93         |
| b Contributions.                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.1.1.1.1.1.1                              |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| c Net investment earnings, gains,                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 05.00                                      |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 640                    | -                                                                                                               | ~ ~        |
| and losses                                                                                                 | 23,481                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . 35,36                                    | 529,9                                                                                                           | 35. 23,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,642.                  | 5,                                                                                                              | 98         |
| d Grants or scholarships                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 1                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2011                   |                                                                                                                 |            |
| e Other expenditures for facilities                                                                        | -9,510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -9,35                                      | 519,1                                                                                                           | 0_ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,294.                  |                                                                                                                 |            |
| and programs                                                                                               | -9,510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 | _          |
| f Administrative expenses                                                                                  | 010 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | Contraction of the second s | -2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -2.                    | 101                                                                                                             | -4         |
| g End of year balance                                                                                      | 218,138.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,227.                  | 181,                                                                                                            | 88         |
| 2 Provide the estimated percentage                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14 TO STREET 100 TO 1000                   | e ig, column (a)) nei                                                                                           | d as:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                 |            |
| a Board designated or quasi-endowmen                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.43 %                                     |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| b Permanent endowment                                                                                      | 99.57%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| c Term endowment                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| The percentages on lines 2a, 2b, and                                                                       | 1 2c should equal 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0%.                                        |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| 3a Are there endowment funds not in the                                                                    | e possession of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | organization that ar                       | e held and administer                                                                                           | ed for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | 1                                                                                                               | -          |
| organization by:                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Taken and the second                       |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Yes                                                                                                             | 1          |
| (i) Unrelated organizations                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| (ii) Related organizations                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| <b>b</b> If 'Yes' on line 3a(ii), are the relate                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3b                     | 1                                                                                                               |            |
| 4 Describe in Part XIII the intended                                                                       | uses of the organi:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | zation's endowmer                          | nt funds. See Pa                                                                                                | rt XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                                                 |            |
| Part VI Land, Buildings, and E                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |
| Complete if the organiz                                                                                    | ation answered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d 'Yes' on Form                            | n 990, Part IV, Iir                                                                                             | ne 11a. See For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rm 990, Pa             | art X, li                                                                                                       | ne         |
| Description of property                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | st or other basis nvestment)               | (b) Cost or other<br>basis (other)                                                                              | (c) Accumula<br>depreciation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | ) Book va                                                                                                       | alue       |
| 1 a Land                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 455,000                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 455                                                                                                             | , 0        |
| b Buildings.                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 2,772,655                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 386.                   | 2,340                                                                                                           |            |
| c Leasehold improvements                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 | /-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | and the second secon |            |
| d Equipment                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 115,218                                                                                                         | . 45,7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 774                    | 69                                                                                                              | . 4        |
| e Other                                                                                                    | and the second sec |                                            | 110,210                                                                                                         | 10/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                 | ,          |
| Total. Add lines 1a through 1e. (Column                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | orm 990. Part X o                          | olumn (B), line 10c.)                                                                                           | la construction de la constructi |                        | 2,865                                                                                                           | 1          |
| BAA                                                                                                        | The second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Schedule D (           |                                                                                                                 |            |
|                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                 |            |

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| Schedule D (Form 990) 2020 Center for Childre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | en & Families In                                                                                      |                                 | 3-0933253                    | Item 1           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|------------------|
| Part VII Investments – Other Securities.<br>Complete if the organization answered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Voc' on Form 990                                                                                      | N/A<br>Part IV line 11b See Fr  | orm 990 Part X               | line 12          |
| (a) Description of security or category (including name of security)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) Book value                                                                                        | (c) Method of valuation: Cost   | or end-of-year market valu   | ie ie            |
| 1) Financial derivatives.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | (6) #104104 01 104104 0141      |                              |                  |
| 2) Closely held equity interests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |                                 |                              |                  |
| 3) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                 |                              |                  |
| A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                                                     |                                 |                              |                  |
| <u>.</u><br>B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                 |                              |                  |
| c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                 |                              |                  |
| D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                                                     |                                 |                              |                  |
| E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                 |                              |                  |
| F <u>)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                 |                              |                  |
| G)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                 |                              | _                |
| H)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                 |                              | -                |
| <sup>()</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                                                                                     | the second second               |                              | 1000             |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       | N/A                             |                              | -                |
| Part VIII Investments – Program Related.<br>Complete if the organization answered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I 'Yes' on Form 990                                                                                   | , Part IV, line 11c. See Fo     | orm 990, Part X,             | line 13          |
| (a) Description of investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (b) Book value                                                                                        | (c) Method of valuation: Cost   | or end-of-year marke         | et value         |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                 |                              |                  |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                 |                              | _                |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                 |                              | -                |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                 |                              | -                |
| (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                 |                              |                  |
| (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                 |                              |                  |
| (7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                 |                              |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       |                                 |                              |                  |
| (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                 |                              |                  |
| (8)<br>(9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                 |                              | _                |
| (8)<br>(9)<br>(10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                 |                              |                  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Port IX Other Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                                                   |                                 |                              |                  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fe     | orm 990, Part X,             | line 1           |
| (8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(a) Dec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N/A<br>I 'Yes' on Form 990<br>scription                                                               | , Part IV, line 11d. See Fo     | orm 990, Part X,             | line 1!<br>value |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(a) Dec<br>(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fe     | orm 990, Part X,<br>(b) Book | line 1<br>value  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(1)<br>(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fe     | orm 990, Part X,<br>(b) Book | line 1<br>value  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(1)<br>(2)<br>(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fo     | orm 990, Part X,<br>(b) Book | line 1<br>value  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(a) Dec<br>(1)<br>(2)<br>(3)<br>(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fo     | orm 990, Part X,<br>(b) Book | line 1<br>value  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(a) Dec<br>(1)<br>(2)<br>(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fo     | orm 990, Part X,<br>(b) Book | line 1<br>value  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(a) Dec<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fe     | orm 990, Part X,<br>(b) Book | line 1<br>value  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(a) Dec<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fo     | orm 990, Part X,<br>(b) Book | line 1<br>value  |
| (8)<br>(9)<br>(10)<br>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►<br>Part IX Other Assets.<br>Complete if the organization answered<br>(a) Dec<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I 'Yes' on Form 990                                                                                   | , Part IV, line 11d. See Fo     | orm 990, Part X,<br>(b) Book | line 1<br>value  |
| (8)         (9)         (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) De:         (1)       (a) De:         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I 'Yes' on Form 990<br>scription                                                                      |                                 | (b) Book                     | line 19          |
| (8)         (9)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) De         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I 'Yes' on Form 990<br>scription                                                                      |                                 | (b) Book                     | line 1!<br>value |
| (8)         (9)         (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) De         (1)       (a) De         (2)       (a)         (3)       (b)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (c)         Part X       Other Liabilities.                                                                                                                                                                                                                                                                                                                                                                                                                    | I 'Yes' on Form 990<br>scription<br>B) line 15.)                                                      |                                 | (b) Book                     | line 1           |
| (8)         (9)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) Dec         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (10)         Total. (Column (b) must equal Form 990, Part X, column (a)         Part X       Other Liabilities.<br>Complete if the organization answered 'Yes' on F                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I 'Yes' on Form 990<br>scription<br>B) line 15.)                                                      |                                 | (b) Book                     | value            |
| (8)         (9)         (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) Dec         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (a)         Part X       Other Liabilities.<br>Complete if the organization answered 'Yes' on F         I.       (a) Descr         (1) Federal income taxes                                                                                                                                                                                                                                                                                                                                                                                                       | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| (8)         (9)         (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) Dec         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities.<br>Complete if the organization answered 'Yes' on F         (1)       (a) Description         (1)       (2)                                                                                                                                                                                                                                                                                                                                                                                                           | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| <ul> <li>(8)</li> <li>(9)</li> <li>(10)</li> <li>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</li> <li>Part IX Other Assets.<br/>Complete if the organization answered <ul> <li>(a) Derivation</li> <li>(a) Derivation</li> <li>(b) The transmission</li> </ul> </li> <li>(6) <ul> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(10)</li> </ul> </li> <li>Total. (Column (b) must equal Form 990, Part X, column (a) Derivation</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(10)</li> </ul> <li>Total. (Column (b) must equal Form 990, Part X, column (a) Description (b) Part X on Filter (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)</li>                                                                                                                                                                                                                                                                                | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| <ul> <li>(8)</li> <li>(9)</li> <li>(10)</li> <li>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</li> <li>Part IX Other Assets.<br/>Complete if the organization answered <ul> <li>(a) Der</li> <li>(a) Der</li> </ul> </li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(10)</li> <li>Total. (Column (b) must equal Form 990, Part X, column (a) Der</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(10)</li> <li>Total. (Column (b) must equal Form 990, Part X, column (a) Der</li> <li>(a) Description (b) Part X = (a) Description (c) (b) Description (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)</li></ul>                                                                                                                                                                                                                                  | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| (8)         (9)         (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) Dec         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (a)         Part X       Other Liabilities.<br>Complete if the organization answered 'Yes' on F         (1) Federal income taxes       (2)         (3)       (4)         (5)       (3)                                                                                                                                                                                                                                                                                                                                                                            | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| (8)         (9)         (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) Decider         (1)       (a) Decider         (1)       (b)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (a)         (8)       (g)         (10)       (c)         (10)       (c)         (10)       (c)         (11)       (c)         (12)       (c)         (13)       (c)         (14)       (c)         (15)       (c)         (16)       (c)         (17)       (a) Description         (18)       (c)         (19)       (c)         (11)       (c)         (12)       (c)         (13)       (c)         (4)       (c)         (5)       (c)         (6)       (c)                                                                                        | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| <ul> <li>(8)</li> <li>(9)</li> <li>(10)</li> <li>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</li> <li>Part IX Other Assets.<br/>Complete if the organization answered<br/>(a) Decidary</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(10)</li> <li>Total. (Column (b) must equal Form 990, Part X, column (a) Decidary</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(10)</li> <li>Total. (Column (b) must equal Form 990, Part X, column (a) Decidary</li> <li>(1) Federal income taxes</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> </ul>                                                                                                                                                                                                                                                      | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| (8)         (9)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) Decidary         (1)       (a) Decidary         (1)       (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| (8)         (9)         fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered         (1)       (a) Dec         (1)       (b)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (b)         Part X       Other Liabilities.<br>Complete if the organization answered 'Yes' on F         (1) Federal income taxes       (c)         (2)       (a) Descr         (1) Federal income taxes       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)                                      | I 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11                        |                                 | (b) Book \                   | value            |
| (8)         (9)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►         Part IX       Other Assets.<br>Complete if the organization answered<br>(a) Dec         (1)       (a) Dec         (2)       (a)         (3)       (b)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (a)         (8)       (c)         (9)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (a)         Part X       Other Liabilities.<br>Complete if the organization answered 'Yes' on F         1.       (a) Descr         (1) Federal income taxes       (c)         (3)       (4)         (5)       (c)         (6)       (c)         (7)       (a) Descr         (1) Federal income taxes       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (a)         (8)       (c)         (9)       (c) | 1 'Yes' on Form 990<br>scription<br>B) line 15.)<br>Form 990, Part IV, line 11<br>iption of liability | e or 11f. See Form 990, Part X, | (b) Book \                   | value            |

| Schedule D (Form 990) 2020 Center for Children & Families Inc                                                                                                            | 73-0933 | 253 Item 1. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.       | Return. |             |
| 1 Total revenue, gains, and other support per audited financial statements                                                                                               | . 1     | 1,793,441.  |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                    |         |             |
| a Net unrealized gains (losses) on investments 15,74                                                                                                                     | 7.      |             |
| b Donated services and use of facilities 2b 1,50                                                                                                                         |         |             |
| c Recoveries of prior year grants 2 c                                                                                                                                    |         |             |
| d Other (Describe in Part XIII.)                                                                                                                                         |         |             |
| e Add lines 2a through 2d.                                                                                                                                               | 2e      | 17,247.     |
| 3 Subtract line 2e from line 1                                                                                                                                           |         | 1,776,194.  |
| 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 4a                                                                                                    |         |             |
| b Other (Describe in Part XIII.)                                                                                                                                         |         |             |
| c Add lines 4a and 4b                                                                                                                                                    | 4c      |             |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                                                                        |         | 1,776,194.  |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.       |         |             |
| 1 Total expenses and losses per audited financial statements                                                                                                             | · 1     | 1,977,335   |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                      |         |             |
| a Donated services and use of facilities 2a 1,50                                                                                                                         | ).      |             |
| b Prior year adjustments                                                                                                                                                 |         |             |
| c Other losses                                                                                                                                                           | _       |             |
| d Other (Describe in Part XIII.) 2d                                                                                                                                      |         |             |
| e Add lines 2a through 2d.                                                                                                                                               |         | 1,500.      |
| 3 Subtract line 2e from line 1                                                                                                                                           | 3       | 1,975,835.  |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                     | 111     |             |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a                                                                                                    | -       |             |
|                                                                                                                                                                          |         |             |
| b Other (Describe in Part XIII.) 4b                                                                                                                                      | 1       |             |
| b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       5         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |         | 1,975,835.  |

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 V, Line 4 - Intended Uses Of Endowment Fund

Endowment distributions will be used to cover costs related to the organizations

on-going mission.

#### Part X - FASB ASC 740 Footnote

Income Tax Status - The Organization qualifies as an organization exempt from income

taxes under Section 501(c)(3) of the Internal Revenue Code and is subject to a tax

on income from any unrelated business, as defined by Section 509(a)(1) of the Code.

No provision for income taxes has been recorded.

BAA

Schedule D (Form 990) 2020

#### Part X - FASB ASC 740 Footnote (continued)

The Organization has adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return only when it is determined that the income tax position will more-likely-than-not be sustained upon examinations by taxing authorities. The Organization has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse effect on the Organization's financial condition, results of operations, or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at December 31, 2020.

Federal and state income tax statutes dictate that tax returns filed in any of the previous three reporting periods remain open to examination. Currently, the Organization has no open examinations with the Internal Revenue Service or the Oklahoma Tax Commission.

| SCHEDULE I<br>(Form 990)                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             |                                       | OMB No. 1545-0 Iter                   |  |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------------|---------------------------------------|---------------------------------------|--|
|                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | ion answered 'Yes' on F  | orm 990, Part IV, line 2          |                                                             | 1.1                                   | 2020                                  |  |
| Department of the Treasury<br>Internal Revenue Service                                                       | <ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                          |                                   |                                                             |                                       |                                       |  |
| Name of the organization                                                                                     | 15.65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                          |                                   |                                                             | Employer identific                    |                                       |  |
| Center for Children & Famili<br>Part   General Information on Gra                                            | es Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tonco                              |                          |                                   |                                                             | 73-093325                             | 3                                     |  |
| 1 Does the organization maintain records to                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | assistance the grantoes' | aligibility for the grapts        | or acciptance, and                                          | _                                     | £                                     |  |
| the selection criteria used to award the                                                                     | grants or assista                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nce?                               | assistance, the grantees |                                   |                                                             |                                       | X Yes No                              |  |
| 2 Describe in Part IV the organization's proce                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             | art IV                                |                                       |  |
| Part II Grants and Other Assistance<br>Form 990, Part IV, line 21, for                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             |                                       |                                       |  |
| 1 (a) Name and address of organization<br>or government                                                      | (b) EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |
| (1)                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          | -                                 |                                                             |                                       |                                       |  |
| (2)                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             | 1                                     |                                       |  |
| (3)                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             |                                       |                                       |  |
| (4)                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             |                                       |                                       |  |
| (5)                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             |                                       | 1                                     |  |
| (6)                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             |                                       |                                       |  |
| <u>(7)</u>                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   |                                                             |                                       |                                       |  |
| (8)                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | U.S. A                   |                                   |                                                             |                                       | ) E                                   |  |
| <ol> <li>Enter total number of section 501(c)(3)</li> <li>Enter total number of other organizatio</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                          |                                   | <u> </u>                                                    |                                       | -                                     |  |
| BAA For Paperwork Reduction Act Notice,                                                                      | and the second sec |                                    |                          | TEEA3901L                         | 07/15/20                                                    | Scheo                                 | lule I (Form 990) 2020                |  |

#### Schedule | (Form 990) 2020 Center for Children & Families Inc

#### 73-0933253

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

| (a) Type of grant or assistance | (b) Number of<br>recipients | (c) Amount of<br>cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book,<br>FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|-----------------------------|-----------------------------|----------------------------------|----------------------------------------------------------|---------------------------------------|
| 1 Food and household Items      | 4                           | 394.                        |                                  |                                                          |                                       |
| 2 Diapers, wipes & formula      | 1,313                       |                             | 19,244.                          | FMV                                                      | 42764                                 |
| <b>3</b> Holiday gifts          | 272                         | 8,682.                      | 3,398.                           | Donor Valuation                                          | Holiday gifts to clients/children     |
| 4                               |                             | 1 1                         |                                  |                                                          |                                       |
| 5                               |                             | 1                           |                                  |                                                          |                                       |
| 6                               |                             |                             |                                  |                                                          |                                       |
| 7                               |                             |                             | 1.6.1                            |                                                          |                                       |

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

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The Clinical director authorizes each cash grant made to an individual. With the

exception of diapers and formula, cash or inkind grants are made only to active

clients with limited resources and a specific need that has been verified by their

counselor. Diapers and formula are given in small quantities once per month.

Item 1.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545- Item 1.

| ► Complete | if the organ | izations answ | ered 'Yes' or | 1 Form 990, 1 | Part IV, lin | es 29 or 30. |
|------------|--------------|---------------|---------------|---------------|--------------|--------------|
|------------|--------------|---------------|---------------|---------------|--------------|--------------|

► Attach to Form 990.

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

Open to Public Inspection

2020

Department of the Treasury Internal Revenue Service Name of the organization

### Center for Children & Families Inc

| Employer identification number | 1 |
|--------------------------------|---|
| 73-0933253                     |   |

|      |                                                                                                                                                                      | <b>(a)</b><br>Check if<br>applicable | <b>(b)</b><br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | Meth<br>noncash | (d<br>od of d<br>contrib | etermir | iing<br>mounts |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|--------------------------|---------|----------------|
| 110  | Art – Works of art                                                                                                                                                   |                                      | Sector                                                           |                                                                                       | -               |                          |         |                |
|      | Art – Historical treasures                                                                                                                                           |                                      |                                                                  |                                                                                       | 1               |                          |         |                |
|      | Art – Fractional interests                                                                                                                                           |                                      |                                                                  |                                                                                       | -               |                          |         |                |
| 171  | Books and publications                                                                                                                                               |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Clothing and household goods.                                                                                                                                        | X                                    |                                                                  | 83,352.                                                                               | EMV (           | Cost                     |         | _              |
|      | Cars and other vehicles                                                                                                                                              |                                      |                                                                  | 05,552.                                                                               | LEIV, C         | 1000                     |         |                |
|      | Boats and planes.                                                                                                                                                    |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Intellectual property.                                                                                                                                               | 1                                    |                                                                  | -                                                                                     |                 | _                        |         |                |
|      | Securities – Publicly traded.                                                                                                                                        |                                      |                                                                  | 1                                                                                     |                 |                          |         |                |
|      | Securities – Closely held stock                                                                                                                                      |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Securities – Partnership, LLC, or trust interests.                                                                                                                   | 1                                    |                                                                  | 1                                                                                     | -               |                          |         | -              |
|      | Securities – Miscellaneous                                                                                                                                           |                                      |                                                                  | 1                                                                                     |                 |                          |         |                |
| 13   | Qualified conservation contribution –<br>Historic structures                                                                                                         |                                      |                                                                  |                                                                                       | -               |                          |         |                |
|      | Qualified conservation contribution – Other                                                                                                                          |                                      |                                                                  |                                                                                       | -               |                          |         |                |
| 22.1 | Real estate – Residential                                                                                                                                            |                                      |                                                                  | 1                                                                                     | -               | ~                        |         |                |
|      | Real estate – Commercial                                                                                                                                             | 1                                    |                                                                  |                                                                                       |                 |                          |         |                |
| 6 T  | Real estate – Other                                                                                                                                                  |                                      |                                                                  | 1                                                                                     |                 |                          |         |                |
|      | Collectibles                                                                                                                                                         | 17 5                                 |                                                                  |                                                                                       |                 |                          | -       |                |
| 221. | Food inventory                                                                                                                                                       |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Drugs and medical supplies                                                                                                                                           |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Taxidermy                                                                                                                                                            |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Historical artifacts                                                                                                                                                 | 1 ·······                            |                                                                  |                                                                                       |                 |                          |         |                |
|      | Scientific specimens                                                                                                                                                 |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Archeological artifacts                                                                                                                                              | 1                                    |                                                                  | 11                                                                                    | -               |                          |         |                |
|      | Other► ()                                                                                                                                                            | 1                                    |                                                                  |                                                                                       |                 |                          |         |                |
|      | Other ()                                                                                                                                                             |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Other► ()                                                                                                                                                            |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Other► ()                                                                                                                                                            |                                      |                                                                  |                                                                                       |                 |                          |         |                |
| 29   | Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Donee                                                                  | uring the tax y<br>Acknowledge       | year for contributions for                                       | or which the                                                                          | 29              |                          |         |                |
|      | • • • • • • • • • • • • • • • • • • •                                                                                                                                |                                      |                                                                  |                                                                                       |                 |                          | Yes     | No             |
|      | During the year, did the organization receive by contri<br>it must hold for at least three years from the date<br>for exempt purposes for the entire holding period? | of the initial                       | contribution, and whi                                            | ch isn't required to be u                                                             | sed             | 30 a                     |         | x              |
|      | If 'Yes,' describe the arrangement in Part II.                                                                                                                       |                                      |                                                                  |                                                                                       |                 |                          |         |                |
|      | Does the organization have a gift acceptance polic                                                                                                                   | . that reauti                        | on the review of env                                             | nonstandard contributio                                                               | 202             | 31                       |         | X              |

b If 'Yes,' describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

noncash contributions?.....

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

Schedule M (Form 990) 2020

32 a

X

#### SCHEDULE O (Form 990 or 990-EZ)

| OMB No. 1545-                                          | ltem 1. |
|--------------------------------------------------------|---------|
| 2020                                                   |         |
| Open to Pub<br>Inspection                              | lic     |
| <br>Contracted to contract of the second second second |         |

#### Department of the Treasury Internal Revenue Service

Name of the organization

# Center for Children & Families Inc

# Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

Committees are not authorized to act on behalf of the Board.

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

The form 990 is distributed to members of the Board of Directors and placed on the agenda of the monthly Board of Directors meeting for discussion and approval prior to filing.

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

Part VI, Section B, Line 12(c) - Annual Board Member agreement signed by each Board Member includes reference to conflict of interest policy and a disclosure statement. In addition, throughout the year, Board members are reminded of conflict of interest policy and their obligation to disclose any conflicts.

# Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

For the Executive Director, the Finance Committee prepares comparability data and the Board discusses performance and compensation in closed executive session. The Board then votes on compensation in open session and documents the rationale. Board officers are not compensated.

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

The documents are available for review by members of the public at the organization's offices, and the organization's web site includes a statement indicating availability upon request.

| • |     |    |    |
|---|-----|----|----|
| F | orm | 88 | 68 |

# (Rev. January 2020)

File by the

Department of the Treasury Internal Revenue Service

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

Item 1.

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

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

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

Center for Children & Families Inc

Number, street, and room or suite number. If a P.O. box, see instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

 Type or print
 Taxpayer identification number (TIN)

73-0933253

due date for filing your return. See instructions. Norman, OK 73071

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

The books are in the care of ► Alexis Lux

Telephone No. ► 405-364-1420

Fax No. ► 405-364-1433

20

Final return

If the organization does not have an office or place of business in the United States, check this box.....

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box... ► and attach a list with the names and TINs of all members the extension is for.

| 1 | I request an automatic 6-month extension of time until | 11/15 | , 20 21 | , to file the exempt organization return |
|---|--------------------------------------------------------|-------|---------|------------------------------------------|
|   | for the organization named above. The extension is t   |       |         |                                          |

, and ending

X calendar year 20 20 or

tax year beginning

| 2 | If the tax year entered in lin | ne 1 is for less than | 12 months, check reaso | n: Initial return |
|---|--------------------------------|-----------------------|------------------------|-------------------|
|   | Change in accounting p         |                       |                        |                   |

20

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

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

Form 8868 (Rev. 1-2020)

5/6/2 69

0.

# City of Norman – Boys & Girls Club of Norman Annual Report

### **Empowering Youth**

For more than twenty years, the City of Norman has provided substantial financial support to Center for Children and Families, Inc. (CCFI) for free or very low cost after school services for low-income youth residing in Norman. For 16 years, Neighborhood Centers services were provided on school sites in the Wilson/Longfellow and Kennedy/Irving neighborhoods. In July 2015 Boys & Girls Club of Norman (BGCN) was implemented to expand the number of youth served, increase hours of service to 20 hours over 5 days per week, and benefit from the program curricula, training, quality standards and other support provided by Boys & Girls Club of America.

In 1999, Neighborhood Centers was developed as a community collaboration to respond to high needs neighborhoods representing a significant percentage of the overall poverty and juvenile crime in the City of Norman. In subsequent years, a review of crime data from the Norman Police Department suggested that the implementation of Neighborhood Centers correlated with a significant and sustained decrease in juvenile arrests.

Boys & Girls Club of Norman's target population continues to be children and youth who reside in neighborhoods with high poverty and crime rates, many of whom have experienced relationship trauma such as domestic violence, child abuse or neglect. As a program of CCFI, BGCN is able to benefit from the expertise of CCFI professional staff and its 50 years of experience addressing the needs of families struggling with trauma. Most of the enrolled members come from Adams, Jefferson, Kennedy, and Wilson Elementary Schools, Irving and Longfellow Middle Schools with a few from Norman High and Norman North High Schools. Norman Public Schools transports students from four of these school sites and Club members are able to walk from two nearby schools. The Club opens its doors, on a space available basis, to all students enrolled in Norman Public Schools ages 6-18.

Melissa Klink serves as the CEO of CCFI overseeing multiple programs in the agency, including Boys & Girls Club of Norman. Her history in non-profit mental healthcare, helps drive the advocacy and trauma-informed work of the Club. The Boys &Girls Club is led by Executive director Whitney Dunn with her Program Director, Lee Brandon. Whitney has extensive experience leading afterschool youth programming. Lee is a Licensed Clinical Social Worker with several years of experience leading after school programs and working as a therapist with low income families who have experienced significant trauma. Lee's background has facilitated the further development of a trauma informed approach to after school services. The trauma informed approach includes increased structure, lower youth to adult ratios and creative and individually tailored interventions to help youth resolve conflicts and learn to manage strong feelings without aggressive behavior.

The overall goals of BGCN prevention services are 1) safety and a sense of belonging 2) avoidance of crime, delinquency and other high-risk behaviors, 3) academic success, 4) healthy lifestyles and 5) character and leadership skills. As members arrive from school, the Regional Food Bank of Oklahoma supported Kids Cafe provides a healthy dinner. Following dinner, members have Kid choice time to spend on the playground, the outdoor basketball court or the gym. In addition, members have access to an extensive library of books, a newly renovated art room, and many enrichment activities and board games. Each

# City of Norman – Boys & Girls Club of Norman Annual Report

day, Club members participate in Power Hour with staff and volunteer support to complete homework, engage in STEM projects and other interactive academic enrichment activities. Other programming is offered using curricula provided through Boys & Girls Club of America such as Smart Moves, to promote self-awareness, healthy habits, decision making and goal setting and Career Launch, to promote job-readiness and career preparation for teens. Before members leave for home each day they receive a healthy snack.

In 2021 the Boys & Girls club of Norman serviced a total of 107 members during our virtual programming, afterschool program, and summer camp. Enrollment was still limited for the 2021-2022 school year, due to us still operating a socially distant program of 85 members. We are still taking all safety precautions seriously and have had minimum closures due to our detailed precautions. We know now, more than ever, that our kids need a safe and healthy place to be and with the support of the City of Norman we can continue to provide that through the Club.

94% of members reported the club provides a safe and positive environment. 92% of BGCN members report they are building healthy supportive relationships with the adults that work at the club.

89% of members feel a sense of belonging at the club

93% of members are expected to graduated High School

CCFI is grateful for the many public and private partners who make financial and in-kind investments in Boys & Girls Club of Norman. These partnerships and their impact on children, youth and their families would not be possible without the steadfast commitment of the City of Norman. Partner organizations we work with include:

- United Way of Norman: United Way of Norman provides funding for BGCN and works to support the quality of youth development and out-of-school time services throughout the community.
- **Norman Public Schools:** Norman Public Schools contributes financially to the partnership and also allow BGCN members to utilize school buses, vans, and other resources at no cost to the program. Bus transportation is provided from three elementary schools and one middle school daily throughout the school year.
- **Norman Police Department:** The Norman Police Department partners with CCFI to work and engage with the youth we serve, participating in outreach activities and presentations.
- **Red River Community Corps:** BGCN continues a long term partnership with the AmeriCorps program. Currently one full-time and two part-time members serve as part of the staff.
- University of Oklahoma: BGCN serves as a practicum, internship, and volunteer site for many OU students. Approximately 100 OU students associated with a wide range of campus groups including service organizations, fraternities and sororities have volunteered with or worked to support the program. Additionally we have two work study students who are employed by the University but provide work hours to the Club, which is a vital cost savings measure for our budget.
- **Bethesda:** Bethesda staff provide child sexual abuse prevention presentations to members and parents.

# City of Norman – Boys & Girls Club of Norman Annual Report

### **Financial Information**

Page 4 of this report is the FY 2022 and Estimated FY 2023 revenues and expenses for Boys & Girls Club of Norman. The FY 2022 Budget includes one-time for capital improvements funded by CARES Act as well as extensive hail damage repairs. The 2020 audited financial statements and 990s tax returns are attached.

**Fees for Service:** Boys & Girls Club of Norman charges its members ten dollars per semester and twenty dollars for summer camp. Membership fees represent less than 1% of the program budget.

Actions to Generate Income: In addition to the City of Norman funding, operating costs for the Club are funded from United Way of Norman, foundation and corporate grants, Norman Public schools and small state contracts. Over the last two years, there has been an influx of pandemic relief funds which has supported temporary expansion and enhancements. An application for multi-year Elementary and Secondary School Emergency Relief (ESSER) funds for after school programs is pending award.

In addition to making personal financial contributions to the agency, the CCFI Board of Directors continues to seek supplementary funding sources to reduce the impact of a down philanthropic climate. The Sustainable Funding Committee works closely with the Development and Communication Team to oversee the resource development process and find ways to diversify revenue for CCFI. All Board members participate in our annual end of year campaign by identifying and soliciting individual and corporate prospects.

### **Fiscal Year 2022 Request**

For FY 2022, the City of Norman generously provided \$120,000 to support the Boys & Girls Club of Norman Partnership. **CCFI respectfully requests that the City of Norman continue its investment at \$120,000 for FY 2023.** 

This continued investment in BGCN will support the staffing levels required for the high need population served. A minimum 12:1 student to staff ratio is required to provide the high-quality, structured programming and additional support for students struggling with emotional and behavioral problems.

We sincerely appreciate the ongoing support of the City of Norman and its dedication to improving the lives of children in our community.

Respectfully,

Melissa Klink, Chief Executive Officer Center for Children and Families, Inc.

### City of Norman – Boys & Girls Club of Norman Annual Report

| Revenue                                    | FY 22   | Est FY 2022 |  |  |
|--------------------------------------------|---------|-------------|--|--|
| United Way                                 | 43,000  | 43,000      |  |  |
| Donor Contributions                        | 281,626 | 137,556     |  |  |
| Foundations                                | 105,000 | 105,000     |  |  |
| Norman Public Schools*                     | 32,000  | 32,000      |  |  |
| City Fees & Grants                         | 120,000 | 120,000     |  |  |
| State & Federal Fees and Grants            | 155,187 | 18,136      |  |  |
| Program Fees                               | 2,800   | 2,800       |  |  |
| Total Revenue                              | 739,613 | 458,492     |  |  |
| Expense                                    |         |             |  |  |
| Salary & Wages                             | 254,691 | 273,323     |  |  |
| Benefits                                   | 68,976  | 69,623      |  |  |
| Total Salary & Benefits                    | 323,667 | 342,946     |  |  |
| Operating Expenses                         |         |             |  |  |
| Professional Fees                          | 33,890  | 39,244      |  |  |
| Supplies                                   | 31,944  | 9,112       |  |  |
| Telephone Expense                          | 3,932   | 3,895       |  |  |
| Postage and Shipping                       | 596     | 591         |  |  |
| Occupancy                                  | 309,066 | 31,286      |  |  |
| Outside Printing & Artwork                 | 2,321   | 3,095       |  |  |
| Transportation                             | 359     | 200         |  |  |
| Conferences, Conventions & Meetings        | 1,764   | 1,622       |  |  |
| Subscriptions and Licensure                | 8,041   | 8,030       |  |  |
| Specific Assistance to Individuals         | 1,997   | 954         |  |  |
| Rental, Maintenance of Equipment allocated | 848     | 840         |  |  |
| Insurance allocated                        | 10,771  | 10,991      |  |  |
| Equipment Acquisition allocated            | 5,365   | 681         |  |  |
| Miscellaneous Expenses allocated           | 5,051   | 5,004       |  |  |
| Total Operating Expense                    | 415,946 | 115,546     |  |  |
| Total Expenses                             | 739,613 | 458,492     |  |  |



The Norman Firehouse Art Center, Inc.'s

# 2022 Organization Annual Report

Fiscal Year: September 1, 2020 - August 31, 2021 City of Norman | Parks and Recreation Board

#### ANNUAL REPORT

- 01. Narrative of Annual Activities\*
- 02. Organization Mission Statement & Goals
- 03. Class Fee Structure
- 04. Number of Participants
- 05. Breakdown of Revenues by Category
- 06. Revenue Beginning and Ending Fund Balance\*
- 07. Annual Budget\*
- 08. Current Record of Officers
- 09. Individuals Responsible for Maintaining Books and Records
- 10. Affirmation of Yearly Tax Returns\*
- 11. Current Board Members

#### \*ATTACHMENTS

- 01. Detailed Activities Narrative
- 06. End of Year Fund Balance 2020
- 07. Budget for the Fiscal Year 2020 2021
- 10. I.R.S. Form 990

# 01. Narrative of Annual Activities

## Overview of Activities for FY 2020 - 2021

In March 2020, when the pandemic shut down most businesses, the Firehouse Art Center was hit very hard with the loss of all staff except the Executive Director. The Firehouse lost over thirty years of historical knowledge. In April 2020, we hired Lacy Jo Burgess-Cady as Operations Coordinator, who has been instrumental in keeping our business open. Over the past two years, we have tried to fill the positions and hired eight new staff members, but during the "great Resignation," workers are not staying in their jobs, and the new staff did not stay for more than a few weeks. In 2022 we hired two new full-time staff for the Gift Shop and Executive Assistant. We hope to move forward this year with a full team and a bright outlook for the future.

The Firehouse Art Center is a non-profit 501(c)(3) corporation located at 444 South Flood Avenue, Norman, Oklahoma 73069. The Firehouse was founded in 1970 as a community arts center, operating out of a vacated, city-owned building, which previously served as a fire station. The facility has since transformed to house highly professional visual arts studios, accommodating adult and youth art education programming, a permanent gift shop, and a dedicated exhibition gallery space. The Firehouse has become the foremost provider of art education programming in Norman's public elementary schools. We have invested over \$325,000 in elementary school outreach programs, which have reached over 17,100 students in the past twelve years. In a typical year, the Firehouse serves as a partner to many community events and reaches approximately 8,000 individuals every year through the organization's extensive breadth of programming.

The Firehouse Art Center, along with granting partners the Oklahoma Arts Council, the Norman Arts Council, the National Endowment for the Arts, and Allied Arts, continues to build a cultural infrastructure to strengthen the arts in Norman and its surrounding communities. By offering equal access to educational, high-quality visual art opportunities for everyone, regardless of their socioeconomic background, the Firehouse is laying the groundwork for generations of individuals with the knowledge, appreciation, and personal investment in the arts to become advocates for the future of the arts in the state of Oklahoma. The Firehouse implemented two new open house events in 2021. Our "Veterans Family Day" and "Back to the Arts Family Day" were designed for all ages to come together for a day of hands-on creating. **Support from the City of Norman is imperative in assisting us to achieve our mission, including providing accessible visual arts programming for underserved groups such as adults with disabilities, U.S. Armed Forces Veterans, and youth from disadvantaged socioeconomic circumstances. As such, the Firehouse Art Center requests \$60,000 for operational expenses for the fiscal year ending 2022.** 

01. NARRATIVE OF ANNUAL ACTIVITIES

## Arts Learning in Communities: Children

In the past year, the Firehouse Art Center's Art After School and Children's Summer Art Program served a total of 234 students through the Firehouse award-winning approach to primary art education. Classes educate and encourage children to express themselves through visual art with original ideas and concepts. Firehouse classes help children build fundamental and advanced cognitive skills and promote diverse critical thinking and learning methods. The Firehouse Creating with Masters curriculum introduces children to the works of master and modern artists and teaches them about the history of art, museums, and art techniques while meeting the Oklahoma Academic Standards for Fine Arts: Visual Arts guidelines. This year we added three Art and Wellness for Children classes to our summer class offerings. These classes were designed to help students address and learn coping skills for anxiety associated with COVID disruptions. These classes also encouraged students to express their emotions through art.

Classes are structured by age groups (five to six, seven to ten, and eleven to fourteen) and include a variety of mediums, including painting, drawing, ceramics, collage, and mixed media. In past years, the Firehouse has augmented this programming through a field trip partnership with the Fred Jones Jr. Museum of Art, which provides students with the opportunity to explore art in a formal museum setting and experience the work of master artists firsthand while discovering the rich art resources available in their community. While we were unable to take our students to the museum this year due to the COVID-19 lockdown, we are excitedly anticipating returning to the museum with our students in the coming year. During the past fiscal year, the Firehouse's Art After School (A.A.S.) program, offered September through May, taught 113 children ages five to fourteen in four semesters. The Firehouse implemented an alternate schedule of six class meetings over two weeks to accommodate social distancing. This schedule allowed us to limit the number of students in the building and eliminate cross-contamination because the class was the only one using the studio during that period. We could sanitize the facilities between courses.

The Firehouse is also continuing to develop new visual arts curriculum for ages 5-14, which is now available for free on our website to keep children in quarantine connected to the arts at home.

Art After School classes is offered at \$105 per course, which equals a cost of \$10.50 per hour for ten hours of high-quality art education.



Art After School Program



Children's Summer Art Program

Item 1.

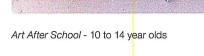
01. NARRATIVE OF ANNUAL ACTIVITIES

## Arts Learning in Communities: Youth & Teen Program

The Firehouse Art Center's Youth & Teen programming provides intensive visual arts experiences for adolescents ages ten to seventeen. The Youth & Teen program at the Firehouse Art Center includes advanced drawing and painting and multimedia courses offered during four eight-week semesters each year and unique workshop opportunities. These classes are tuition-based, but significant scholarships are provided for teens in need. FY 2020-2021, 60 youth and teens participated in visual arts education at the Firehouse.

Students attend their art class once or twice a week, for two hours, totaling 16 classroom hours each semester. All of the Firehouse's Youth & Teen classes, in keeping with the Firehouse's overarching curriculum guidelines, follow intensive, multidisciplinary curricula that foster alternative methods of learning and multiple intelligences in conjunction with visual arts education. Advanced youth courses are aligned with the Firehouse's adult class offerings at \$158 per course, with an average of \$9.88 per hour for 16 hours of art education.

In addition to regularly offered in-house programs, the Firehouse provided opportunities for local teens to develop visual arts skills further, exhibit their work to a public audience, and engage with the local art community in the last year.





Children's Summer - Youth & Teen, 11 to 16 years old

### Arts Learning in Communities: Adults

This year, adult classes at the Firehouse were offered in various mediums, including painting, drawing, jewelry, printmaking, fiber, and fused glass. Classes were offered six days a week from September through August, taking place throughout the day, beginning as early as 9 AM and ending as late as 9 PM.

Adult courses are designed for individuals ages 17 and up and focus on developing self-expression, building technical skills, and studying art history and master artists, with particular attention given to the students' individual needs. Students in the Firehouse's adult classes come from diverse backgrounds and careers, with skill levels varying from beginner to professional artist that enhances each class dynamic while stimulating creativity and the production of unique works of art. This year, the Firehouse introduced new beginners' classes that are four weeks in duration. These courses are designed to allow adults with other time constraints to pursue their creativity. In FY 2020-2021, 142 adult students received visual arts instruction at the Firehouse. The Firehouse also provides art learning opportunities to adults with varying degrees of cognitive, physical, and learning disabilities through the Healing Studio program. This visual arts program is intended to nurture and provide an outlet for the creative expressions of these individuals at no cost. The intent of the program is that participants who may feel marginalized or isolated by society will instead feel acceptance and experience an improved quality of life through their art. Every year, the FAC Gallery hosts an exhibition featuring work by Healing Studio participants. This experience has become crucial for the validation of the students, both as artists and as valued members of society. This is the program's most significant source of community support, providing encouragement and recognition to the artists while experiencing art as a fundamental expression of health and diversity. The Healing Studio did not meet FY 2020-2021 but did restart in January of 2022. We have shared our new online curriculum with our Healing Studio students to continue creating art at home.



Adult Jewelry Making Class



Adult Drawing Class

#### 01. NARRATIVE OF ANNUAL ACTIVITIES

### Community Arts Program: Outreach Partnerships

In response to COVID-19 health concerns, the Firehouse adjusted its community outreach activities to include nocontact drawing and sculpting demonstrations rather than hands-on activities. The Firehouse also took part in the modified Tinkering in the Park with the Science Museum of Oklahoma and the Outdoor Movie Series. We are excited to resume our outreach in the community as these events begin to be held in person.

In a typical year, the Firehouse, in partnership with Norman and Oklahoma City metro-area organizations, facilitates free art activities that encourage creative thinking and visual arts learning at events across the community. In recent years, the Firehouse has strengthened recurring partnerships with the City of Norman's Outdoor Movie Series and Earth Day, the Downtown Norman Fall Festival, the National Weather Center's National Weather Festival, Norman P.T.A.'s Chocolate Festival and Reflections competition, Norman Pride, the Norman Music Festival, and more. As a member agency with Allied Arts, we participate in the Plaza District Festival and the Science Museum Oklahoma's Tinkerfest. Through these many partnerships, the Firehouse provided visual art experiences to 1,173 individuals in the past year.

All programming provided by the Firehouse at these events

is offered at no cost to participants and incorporates visual arts education, including hands-on, creative components. The projects at each event are rooted in high-level visual arts education that encourages creativity and selfexpression. They can be modified to provide customized arts experiences while maintaining a solid foundation curriculum rooted in the Firehouse's Creating with the Masters guidelines and the Oklahoma Academic Standards for Fine Arts: Visual Arts. The technical skills required for each activity are designed to accommodate individuals of various ages, abilities, and learning capacities.

As we come out of COVID restrictions, the Firehouse designed and implemented two events held at our site this year. These were the Veteran's Family Day and the Back to the Arts Day. These events were designed to encourage underserved populations unfamiliar with the Firehouse and its programs and mission. We hope to make Back to the Arts Day a reoccurring yearly event. By developing and refining flexible educational visual arts projects that can serve various partnering organizations' needs, the Firehouse will sustain and grow its community outreach activities in the coming year, enhancing current partnerships and seeking opportunities with other likeminded organizations in the area.



Back to the Arts - Fused Glass Studio



Back to the Arts - Drawing and Painting Studio

01. NARRATIVE OF ANNUAL ACTIVITIES

## FAC Gallery and Gift Shop

The FAC Gallery and Gift Shop promote awareness and community involvement with the visual arts and provide visual arts programming that supports local artists. Both are free and open to the public and are typically open six days a week during the Firehouse's operating hours. During COVID, our hours have been Wednesday – Saturday, 10-4:00 PM, but we are set to return to regular hours starting February 2022. Built in 1983, the 690 square foot gallery offers quality art exhibitions. It presents artwork from emerging, established, local, and out-of-state artists, as well as shows highlighting the Firehouse's educational programs.

The FAC Gallery exhibits professional artists working in all media, including painting, collage, sculpture, mixed-media, fiber, photography, and more. In 2020 - 2021, over 2,000 people visited. We have expanded the annual Holiday Gift Gallery to include the gallery during the restriction. This has allowed us to provide a more consistent income stream to our gallery artists, the vast majority of whom live in Oklahoma. The gift shop is unique to Norman because it represents high-quality fine art pieces at multiple price points, connects the Firehouse's mission of promoting the visual arts to members of the local community, and creates arts patrons. The gift shop only displays original art pieces, primarily from artists who make their living from artwork sales. These artists, 90% of whom are based in Oklahoma, appreciate the ability to be represented in the thriving art community of Norman, with their work accessible to local shoppers. Through artist and community feedback, the Firehouse has determined that its hours of operation (open 46 hours a week), ideal location for reaching individuals through the surrounding city park, and high-quality artwork standards have led to additional sales and wages for the artists. The gift shop supports the Firehouse's commitment to promoting local professional artists.



FAC Gallery



Holiday Gift Gallery 2021

# 02. Organization Mission Statement & Goals

### Mission

The Norman Firehouse Art Center enriches our community by offering the highest quality visual arts education, experiences and exhibitions.

## Goals for 2020 - 2021

#### Long-term

- Become a leading community arts education facility in the state
- Maintain and refine mission-focused program implementation and administration
- Maintain and enhance partnerships with other non-profits and arts organizations, and build new relationships with non-arts organizations
- Initiate efforts for building improvements that will better serve the community, support the Firehouse's in-house programs, and enhance the overall desirability to live, work, and play in Norman.
- Advocate for the visual arts in Norman and the Oklahoma City metro area
- Promote and expand visual arts education in Norman's public elementary schools (grades K-5)
- To make Back to the Arts an Annual Events

#### **Operations & Organization Development**

- Hire and train new staff members; facilitate team transitions
- Recruit additional art educators
- Restructure classes and outreach activities to meet the needs of the Norman community after COVID-19
- Continue open house to foster an environment of inclusiveness
- Produce art education videos to highlight Firehouse
   programs
- Continue developing and expanding online learning curriculum

#### Financial

- Financial Independence
- Achieve continued financial stability by utilizing a forprofit perspective to approach the Firehouse's nonprofit fiscal management
- Increase in-house revenues through memberships, sponsorships, class tuition, and artwork sales
- Ensure all programming shows a positive cash flow, which will provide a surplus for reinvestment in the organization
- Expand support from members, sponsors, partnerships, and grants
- Obtain additional support for the Firehouse's programs for underserved populations, which include community outreach, art education in schools, veterans, and Healing Studio

#### Education

- Uphold visual arts education standards in all programming by following the Oklahoma Academic Standards for Fine Arts: Visual Arts guidelines and the Firehouse's own Creating with the Masters guidelines for curriculum development
- Develop partnerships with groups and organizations specializing in Science, Technology, Engineering, and Mathematics (STEM) to create STEAM programs
- Build upon the Firehouse's outstanding reputation in schools (PreK - 5) by continuing art education programs and partnerships with Norman Public Schools
- Introduce new short-form classes and workshops that are 2-3 hours in duration

## 2020 - 2021 Awards & Accomplished Goals

#### Awards & Recognition

- Received the AT&T Foundation Grant for expansion of the Firehouse's Veterans Program
- Norman Transcript Reader's Choice Awards finalist for Best Museum and Best Art Exhibit Venue
- Consistently voted as one of the best organizations in the visual arts by Norman Transcript readers over the past eleven years



A creative day for all, with hands-on art projects for all ages.



Back to the Arts Poster with Supporters

#### **Accomplished Goals**

- Transitioned to an online enrollment system to improve and streamline the process of signing up for classes for Firehouse students
- Adapted classroom space to meet challenges presented by COVID
- Returned to a regular schedule (Fall 2021)
- Added beginning adult classes to attract and meet the needs of our audience
- Developed and launched a new online art learning curriculum for ages 5-14, available for free on the Firehouse's website
- Recruited new faculty and developed visual arts faculty instructors
- Expanded and enhanced partnerships with a multitude of community organizations to provide over 5,000 individuals with visual arts activities and engagements at community events
- Participated in and presented at A.V.A. Fest Austin TX to strengthen alliances for veterans between states



Holiday Gift Gallery 2021

Item 1.

# 03. Class Fee Structures

## Children's Classes

- Art After School: \$105.00 for 8 weeks/10 hours of visual arts education
- Children's Summer Art Program:
   \$105.00 for 1 week/10 hours of visual arts education
   OR

\$210.00 for 2 weeks/20 hours of visual arts education

 (Advanced) Youth & Teen Program: \$176.00 for 8 weeks/16 hours of visual arts education

### Adult Classes

- Drawing: \$176.00 for 8 weeks/16 hours of lessons
- Painting: \$176.00 for 8 weeks/16 hours of lessons
- Jewelry: \$232.00 for 8 weeks/24 hours of lessons

• **Glass:** \$232.00 for 8 weeks/24 hours of lessons Classes may have additional material and/or technical fees.

## Workshops

The Firehouse offers seasonal workshops on a quarterly basis; these afford new and returning students a taste of the mediums and techniques offered in the longer semesters. These workshops are priced at \$15 an hour.

Professional level workshops are offered on an occasional basis, featuring both local and national instructors. These workshops are priced at \$150 - \$375, depending on the number of hours.

## Older Adults + Adults with Disabilities

Healing Studio is free to participants through scholarships valued at \$30 per weekly, two-hour session. The FAC provides up to 12 scholarships a week to older adults and individuals with varying degrees of cognitive, physical, and learning disabilities through the *Healing Studio* program. The weekly sessions provide a supportive, risk-free environment for the students to experiment with the creative process through self-expression.

## Scholarships

- 33 scholarships awarded to adults, teens, and children
- Children & Teen Classes: Award range \$75 - \$190 / Average \$94.42
- Adult Classes:
   Award range \$30 \$158 / Average \$60.38
- Healing Studio (adult) has a 12 student capacity per week for 42 weeks each year. The Firehouse offers 470 total scholarships worth an annual value of \$15,120.00. The Healing Studio restarted in January 2022.
- Executive Director Douglas Shaw Elder determines eligibility for each applicant.
- Child Scholarship: parents need to provide their child's current free and reduced lunch qualification.
- Students who qualify for state assistance (food stamps/ assisted housing) need to provide a letter from the state or provide a copy of their income tax statement.
   Priority for adult student financial assistance is given to participants of the *Healing Studio* program.

# 04. Number of Participants

## Art Education

- During the Fall 2020, Winter 2021, and Spring 2021 semesters, the Firehouse offered classes with approximately 106 adults, 10 teens, and 73 youth enrollments.
- Due to COVID-19, the Firehouse used an alternative schedule. Classes were held in our three largest studio classrooms. These classes meet over 6 sessions over two weeks. This allowed us to 'bubble" our staff and student and keep everyone as safe as possible.
- The Firehouse was able to restart our CSAP program this summer with 121 students.

## Summary of Participants

During the most recent fiscal year, September 1, to August 31, 2021, Firehouse Art Center programming included:

| <b>PROGRAMS</b><br>Kids Art is Smart (Lincoln Elementary) | ATTENDANCE<br>O                                                               |
|-----------------------------------------------------------|-------------------------------------------------------------------------------|
| Art Education in Schools                                  | 0 total students                                                              |
| Gallery Exhibitions<br>Community Events                   | 495<br>705 (including 443 youth participants)<br><b>1,200 total attendees</b> |
| Community Arts Programming                                | 1,200 total attendees                                                         |
| FAC Children's Art Classes                                | 234                                                                           |
| FAC Teen Classes                                          | 10                                                                            |
| FAC Adult Classes                                         | 142                                                                           |
| Adult Workshops                                           | 25                                                                            |
| Healing Studio                                            | 24                                                                            |
| FAC Veterans Program                                      | 0                                                                             |
| Arts Learning in the Community                            | 410 total students                                                            |

#### 1,635 TOTAL PARTICIPANTS

## Age of Participants

- Children's Classes: 5 14
- Teen Classes: 13 18
- Adult Classes: 17 and up

# 05. Breakdown of Revenues by Category

| Grants & Contributions         |               | Percent of Budget |
|--------------------------------|---------------|-------------------|
| Individual/Corporate Donations | \$ 12,410.00  | 2.83%             |
| Investment Income              | \$ 10,026.00  | 2.28%             |
| Other Revenues                 | \$ (6,851.00) | -1.56%            |
| Grants/Government Support      | \$ 261,517.00 | 59.59%            |
| In-Kind Donations              | \$ 77,300.00  | 17.61%            |
|                                | \$354,402.00  | 80.75%            |
| Charged Services Funding       |               |                   |
| Membership Dues                | \$ 11,550.00  | 2.63%             |
| Class Tuition & Material Fees  | \$ 56,894.00  | 12.97%            |
| Gallery and Gift Shop Sales    | \$ 16,025.00  | 3.65%             |
|                                | \$84,469.00   | 19.25%            |

**TOTAL INCOME END OF FY 2021** \$ 438,871.00

,871.00 100.00%

# 06. Revenue Beginning and Ending Fund Balance

Documentation Attached: End of Year Fund Balance 2021

- Financial Position / Balance Sheet

- Financial Statement of Activity / Profit and Loss

# 07. Annual Budget

Documentation Attached: FY 2020 - 2021 Budget

- FY 2020-2021 Budget

# **08. Current Record of Officers**

#### FRED SCHMIDT

Chair, Board of Directors

#### DOUGLAS SHAW ELDER

**Executive** Director

**KENDALL HURLEY** Secretary, Board of Directors

### ANTHONY CRICCHIO

Treasurer, Board of Directors

FAC Board Officers and the Executive Director are authorized to individually sign checks up to \$750.00. Checks over \$750.00 must have two signatures.

# 09. Individuals Responsible for Maintaining Books & Records

#### DOUGLAS SHAW ELDER

Executive Director, Firehouse Art Center

#### SULIA CPA SERVICES

Contracted accounting services

# 10. Affirmation of Yearly Tax Returns

Documentation Attached: IRS Form 990 (Fiscal Year 2020 - 2021)

# **11. Current Board of Directors**

CHAIR - FRED SCHMIDT 2304 Regis Court, Norman, OK 73071 | 405-990-5922

SECRETARY - KENDALL HURLEY 4039 Carrington Lane, Norman, OK 73072 | 405-401-9987

#### TREASURER - ANTHONY CRICCHIO

3840 lves Way, Norman, OK 73072 | 817-881-6398

TINA IKPA3013 Summit Crossing Parkway, Norman, OK 73071 | 405-642-4270

#### QUARTERLY

Fall 2020 Class Session | September 14 – November 20, 2020 Total Attendees: 92 Adults: 51 | Children: 41 Healing Studio - On hold through COVID-19 pandemic Children – 35 Youth & Teens - 6 Adults – 51 Winter 2021 Class Session | January 11 – March 5, 2021 Total Attendees: 79 Adults: 35 | Children: 44 Healing Studio - On hold through COVID-19 pandemic Children - 38 Youth & Teens - 6 Adults - 35 Spring 2021 Class Session | March 29 – May 21, 2021 Total Attendees: 83 Adults: 45 | Children: 28 Healing Studio - On hold through COVID-19 pandemic Children - 28 Youth & Teens - 10 Adults - 45 Summer 2021 Class Session | June 7– August 13, 2021 Total Attendees: 157 Adults: 36 | Children: 121 Healing Studio - On hold through COVID-19 pandemic Children – 98 (see below) Youth & Teens - 23 Adults - 36 Children's Summer Art Program 2021 | Sess. I – VI, June 7 – July 30, 2021 Total Attendees: 121 Adults: N/A | Children: 121 Location: Firehouse Art Center Session I, June 7 – June 18 (2 week) 48 students, ages 6 - 14, 2 on scholarship Session II, June 21 – July 2 (2 week) 18 students, ages 6 - 14, 2 on scholarship Session III, July 12 – July 16 (1 week) 31 students, ages 6 – 14, 2 on scholarship



### **Firehouse Art Center Activities**

September 1, 2020 – August 31, 2021

Session IV, July 19 – July 30 (2 week) 24 students, ages 6 – 14, 2 on scholarship



#### MONTHLY

#### Public Arts Board Meeting | 2<sup>nd</sup> Monday of the month

Total Attendees: 10

Location: Norman City Hall Building, Study Session Room, Norman, OK FAC Executive Director Douglas Shaw Elder attends the monthly meeting for the Norman Public Arts Board, which "work(s) to enhance Norman's image locally, regionally and nationally by insuring the creation of the highest quality art for display in our community's public places. The NPAB believes that public art has the possibility of defining a community, enriching cultural diversity, stimulating economic activity, and encouraging all forms of artistic endeavors."

Norman Arts Council Monthly Arts & Humanities Roundtable | 2<sup>nd</sup> Wednesday of the month Total Attendees: 20

Location: Varies, Norman, OK

FAC Executive Director Douglas Shaw Elder attends the monthly Executive Director's lunch followed by the Roundtable meeting of all non-profit arts groups in Norman. The meeting affords the organizations an opportunity to network, create partnership, promote their events, and discuss issues pertaining to non-profits and community organizations.

#### Norman Arts Council Monthly Arts & Humanities Roundtable Equity and Justice

**Committee** 2<sup>nd</sup> Wednesday of the month

Total Attendees: 20

Location: Varies, Norman, OK

FAC Executive Director Douglas Shaw Elder attends the monthly Executive Director's lunch followed by the Roundtable meeting of all non-profit arts groups in Norman. The meeting affords the organizations an opportunity to network, create partnership, promote their events, and discuss issues pertaining to non-profits and community organizations.

#### Firehouse Art Center Board of Directors Meeting | 3rd Tuesday of the month

Total Attendees: 7 - 12

Location: Firehouse Art Center, Norman, OK

FAC Executive Director Douglas Shaw Elder attends the monthly meeting of the FAC Board of Trustees to share the monthly financial, activities, and other reports on behalf of the FAC staff.

#### Norman Downtowners Meeting |3rd Wednesday of the month

FAC Executive Director Douglas Shaw Elder attends the monthly meeting of the Norman Downtowners to network, create partnerships, promote events, and discuss issues pertaining to the businesses and organizations located in downtown Norman.

#### **Community Arts Programming |** 1<sup>st</sup> and 4<sup>th</sup> Friday of the month

Total Attendees: 15 – 30 for each class Location: Norman Veterans Center, Norman, OK





### Firehouse Art Center Activities

September 1, 2020 - August 31, 2021

Pre-COVID, FAC Executive Director Douglas Shaw Elder and FAC instructor Jane Lawson provided high-level arts instruction to residents in photography, sculpting, and mixed media art. This program is a continuation of the 2015 – 2016 pilot program with the Oklahoma Arts Council for their *Arts & the Military Initiative*. Due to COVID-19 lockdowns, the FAC cannot currently access the facility, but we are in contact and are planning to resume as soon as we get clearance.



#### NON-RECURRING EVENTS

#### Allied Arts Presentation Photo | August 11, 2020

Location: Oklahoma Contemporary, Oklahoma City, OK FAC Executive Director Douglas Shaw Elder attended the annual Allied Arts Allocation Presentation event.

#### [INTERNAL]

#### Instructor Partnership meeting | August 20, 2020

Location: Firehouse Art Center, Norman, OK FAC Executive Director Douglas Shaw Elder met with potential new instructor Andrea Duran-Cason to discuss her participation in the Firehouse's in house teen classes.

#### Community Partnership Meeting | September 24, 2020

Location: Lincoln Elementary School, Norman, OK

FAC Executive Director Douglas Shaw Elder met with Olivia Dean, principal at Lincoln Elementary, to discuss the future of the FAC's arts education partnership with Lincoln Elementary School and the FAC's Kids Art is Smart initiative.

#### Science Museum Oklahoma - Tinkering in the Parks | September 26, 2020

Total Attendees: 27

FAC Executive Director Douglas Shaw Elder, Abigail Jones, Jalyn Yeakly, Fred Schmidt, and Anthony Cricchio, and Lacy Jo Burges-Cady attended Tinkering in the Parks. They instructed 16 children and 11 adults in foil sculpting.

#### Community Partnership Meeting | October 1, 2020

Location: Dimensions Elementary School, Norman, OK

FAC Executive Director Douglas Shaw Elder met with Loretta Coker, principal at Dimensions, to discuss the future of the FAC's arts education partnership with Dimensions and the FAC's Kids Art is Smart initiative, as well as the FAC's online curriculum.

#### [INTERNAL]

Oklahoma Arts Counsel | October 22, 2020

Location: Zoom meeting

FAC Executive Director Douglas Shaw Elder met with Amber Sharples addressing pandemic concerns and impacts.

#### [INTERNAL]

Allied Arts Listening Session | October 26, 2020

Location: Zoom meeting

FAC Executive Director Douglas Shaw Elder attended the listening session addressing concerns of Allied Arts member agencies.



#### [INTERNAL]

#### Instructor Partnership meeting | October 26, 2020

Location: Firehouse Art Center, Norman, OK

FAC Executive Director Douglas Shaw Elder met with instructor Jane Lawson Leticia Galizzi, and Amy Rook, licensed art therapist, to discuss curriculum development for Children's Art and Wellness classes in response to the pandemic. Bonnie Peruttzi, Executive Director of Transition House, was also consulted in regards to impacts to children's physical and mental well-being due to COVID-19 lockdown.

#### FAC's 2020 Holiday Gift Gallery Patron Preview | November 30, 2020

Location: Firehouse Art Center, Norman, OK

Total Attendees: 25

The Firehouse Art Center hosted its first Holiday Gift Gallery preview for members of the Firehouse, patron level and above. The event provided an opportunity for members of the Firehouse to shop prior to the official opening of the annual Holiday Gift Gallery. The event was attended by FAC Executive Director Douglas Shaw Elder, Lacy Jo Burges-Cady, board members, and Visitor Service Associate, Nyaree Patten.

#### FAC Gallery: Holiday Gift Gallery 2020 | November 30 - December 23, 2020

Total Attendees: 750 Artists: approximately 115 Location: FAC Gallery

The annual Holiday Gift Gallery is an opportunity for the FAC to highlight and support regional artists, 90% of whom reside in Oklahoma, by showcasing their unique, original artwork and high-quality work for sale to the public. For shoppers, the gift gallery is a great opportunity to own a one-of-a-kind piece while investing in local artists, and subsequently investing in Norman and its surrounding communities.

#### Community Partnership Meeting | April 1, 2021

FAC Executive Director Douglas Shaw Elder and Board Chair Fred Schmidt presented to Norman Parks Board via Zoom.

#### Outdoor Movie Series - Wonder Woman | May 14, 2021

Location: Lions Park Total Attendees: 200 Adults: 18 | Children: 45 FAC Executive Director Douglas Shaw Elder and Lacy Jo Burges-Cady provided outreach activities at Outdoor Movie Series.

#### Allied Arts Allocation Presentation | May 19, 2021

Location: Zoom Meeting FAC Executive Director Douglas Shaw Elder and Board Chair Fred Schmidt gave the annual presentation to Allied Arts for Allocation grant. Item 1.



FAC Veterans Family Art Day | July 10, 2021

Location: Firehouse Art Center and Lions Park

Total Attendees: 125 Adults: 90 | Children: 35

FAC Executive Director Douglas Shaw Elder, Lacy Jo Burges-Cady, Nikki Krumwiede, board members, 6 FAC faculty, and 13 student volunteers provided outreach activities to veterans and their families. Event was made possible by AT&T Foundation contributions and Norman Arts Council.



### Norman Firehouse Art Center, Inc.

Statement of Financial Position Balance Sheet As of August 31, 2021

|                                                    | TOTAL        |
|----------------------------------------------------|--------------|
| ASSETS                                             |              |
| Current Assets                                     |              |
| Bank Accounts                                      |              |
| 1000 Armstrong Bank                                | 363,293.15   |
| 1001 Arvest Bank Mon <mark>ey Market Acct.</mark>  | 20,474.21    |
| 1003 PayPal                                        | 5,959.19     |
| 1005 First United Acct                             | 21,117.30    |
| 1010 Valliance Money Market Acct                   | 20,213.28    |
| 1170 Prosperity Bank                               | 34,966.25    |
| 1250 Petty Cash Fund                               | 150.00       |
| Total Bank Accounts                                | \$466,173.38 |
| Accounts Receivable                                |              |
| 1200 Accounts Receivable                           | 225.00       |
| Total Accounts Receivable                          | \$225.00     |
| Other Current Assets                               |              |
| 1201 Other Receivables                             | 43,895.36    |
| 1225 Prepaid Insuranc <mark>e</mark> & Other Items | 1,882.53     |
| Total Other Current Assets                         | \$45,777.89  |
| Total Current Assets                               | \$512,176.27 |
| Fixed Assets                                       |              |
| 1305 Other Property an <mark>d</mark> Equipment    | 26,930.74    |
| 1310 Leasehold Improv <mark>e</mark> ments         | 14,201.63    |
| 1315 Memorial Gardens                              | 19,150.21    |
| 1350 Accumulated Depreciation                      | -40,187.30   |
| Total Fixed Assets                                 | \$20,095.28  |
| Other Assets                                       |              |
| 1400 Investments                                   | 154,102.23   |
| Total Other Assets                                 | \$154,102.23 |
| TOTAL ASSETS                                       | \$686,373.78 |

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### Norman Firehouse Art Center, Inc.

Statement of Financial Position As of August 31, 2021

|                                               | TOTAL        |
|-----------------------------------------------|--------------|
| LIABILITIES AND EQUITY                        |              |
| Liabilities                                   |              |
| Current Liabilities                           |              |
| Accounts Payable                              |              |
| 2000 Accounts Payable                         | 2,493.71     |
| Total Accounts Payable                        | \$2,493.71   |
| Credit Cards                                  |              |
| 2005 VISA Corporate Card                      | 1,554.74     |
| Total Credit Cards                            | \$1,554.74   |
| Other Current Liabilities                     |              |
| 2110 Accrued Artists Commissions              | 549.42       |
| 2113 Loan Payable-PPP Funds                   | 37,365.00    |
| 2120 Deferred Tuition & Other                 | 14,691.00    |
| 2195 Certificates-Gift                        | 100.00       |
| 2200 Sales Tax Paya <mark>b</mark> le         | 75.77        |
| Total Other Current Lia <mark>bilities</mark> | \$52,781.19  |
| Total Current Liabilities                     | \$56,829.64  |
| Total Liabilities                             | \$56,829.64  |
| Equity                                        |              |
| 3900 Net Assets Without Donor Restriction     | 550,870.33   |
| 3901 Net Assets with Donor Restriction        | 25,000.00    |
| Net Revenue                                   | 53,673.81    |
| Total Equity                                  | \$629,544.14 |
| TOTAL LIABILITIES AND EQUITY                  | \$686,373.78 |

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### Norman Firehouse Art Center, Inc.

Statement of Activity Profit and Loss September 2020 - August 2021

|                                            | TOTAL        |
|--------------------------------------------|--------------|
| Revenue                                    |              |
| 4000 Contributions                         |              |
| 4002 Business/Corp./Fdns/Sponsors          | 8,056.39     |
| 4003 Individuals                           | 4,343.80     |
| 4004 Other Contributions                   | 8.97         |
| Total 4000 Contributions                   | 12,409.16    |
| 4100 Investment Income                     |              |
| 4110 Endowment Income                      | 10,025.52    |
| Total 4100 Investment In <mark>come</mark> | 10,025.52    |
| 4200 Support                               |              |
| 4201 City                                  | 60,000.00    |
| 4202 State Oklahoma Arts Council           | 37,954.90    |
| 4203 National                              | 3,585.00     |
| 4204 Norman Arts Coun <mark>c</mark> il    | 26,733.00    |
| 4206 Allied Arts-Allocation                | 17,190.00    |
| 4208 Allied Arts-Grants                    | 8,000.00     |
| 4209 Other Support                         | 12,500.00    |
| 4210 CARES Support                         | 95,553.70    |
| Total 4200 Support                         | 261,516.60   |
| 4300 Memberships                           |              |
| 4302 General Public Members                | 11,550.00    |
| Total 4300 Memberships                     | 11,550.00    |
| 4400 Classes                               |              |
| 4401 Materials Income                      | 5,247.50     |
| 4403 Tuition                               | 57,901.04    |
| 4404 Cancellation Refunds                  | -6,255.00    |
| Total 4400 Classes                         | 56,893.54    |
| 4500 Sales                                 |              |
| 4503 Gift Shop Sales                       | 16,024.91    |
| Total 4500 Sales                           | 16,024.91    |
| 4800 Other Revenues                        |              |
| 4801 Interest Income                       | 2,046.88     |
| 4804 Loss or Gain on Sale of Assets        | -30,593.00   |
| 4809 Unrealized Gain/Loss on Invest        | 21,695.68    |
| Total 4800 Other Revenues                  | -6,850.44    |
| 4850 In-Kind Revenues                      | 77,300.00    |
| Total Revenue                              | \$438,869.29 |
| GROSS PROFIT                               | \$438,869.29 |



### Norman Firehouse Art Center, Inc.

Statement of Activity September 2020 - August 2021

|                                           | TOTAL      |
|-------------------------------------------|------------|
| Expenditures                              |            |
| 5000 Salary Wages                         | 141,506.79 |
| 5100 Payroll Expenses                     |            |
| 5101 Benefits and Vac <mark>a</mark> tion | 6,339.24   |
| 5102 Taxes                                | 11,047.14  |
| Total 5100 Payroll Expenses               | 17,386.38  |
| 5300 Professional Services                |            |
| 5301 Accounting                           | 22,181.00  |
| 5303 Design                               | 4,720.00   |
| 5305 Artist Commission                    | 10,145.38  |
| 5306 Instructor Fees                      | 20,180.00  |
| 5308 Other Professional Fees              | 4,540.76   |
| 5309 Programming Assistants               | 6,075.07   |
| 5310 Misc. Services                       | 834.50     |
| Total 5300 Professional Services          | 68,676.71  |
| 5400 Supplies                             |            |
| 5401 Art Materials                        | 5,498.35   |
| 5404 Office Supplies                      | 1,418.66   |
| 5416 Health & Safety                      | 411.89     |
| Total 5400 Supplies                       | 7,328.90   |
| 5450 Postage                              | 346.29     |
| 5500 Occupancy Expenses                   | 0.0.20     |
| 5501 Janitorial                           | 5,612.39   |
| 5502 Copier                               | 438.97     |
| 5503 Repairs and Maintenance              | 7,413.19   |
| 5505 Telephone                            | 3,759.00   |
| 5506 Security System                      | 802.60     |
| 5507 Rent                                 | 1,655.18   |
| 5508 OG&E                                 | 1,365.15   |
| 5509 ONG                                  | 601.43     |
| 5510 Utilities                            | 411.14     |
| Total 5500 Occupancy Expenses             | 22,059.05  |
| 5600 Membership Discounts-Tuition         | 1,088.00   |
| 5601 Member Discount-Gift/Gallery         | 572.72     |
| 5630 Other Discounts                      | 1.05       |
| 5900 Printing                             | 2,778.95   |
| 6000 Advertising                          | 7,313.79   |
| 6001 Marketing                            | 3,394.84   |
| 6010 Awards and Gifts                     | 86.04      |
| 6015 Entertainment/Recruiting             | 583.85     |

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### Norman Firehouse Art Center, Inc.

Statement of Activity September 2020 - August 2021

|                                            | TOTAL        |
|--------------------------------------------|--------------|
| 6017 Entertainment/Food                    | 3,202.24     |
| 6021 Credit Card Fees                      | 2,873.05     |
| 6030 Insurance                             |              |
| 6032 Liability                             | 10,973.76    |
| 6033 Workers' Compen <mark>sation</mark>   | 1,689.73     |
| Total 6030 Insurance                       | 12,663.49    |
| 6150 City/Chamber Eve <mark>n</mark> ts    | 150.00       |
| 6200 Special Events Ex <mark>p</mark> ense | 280.00       |
| 6210 Dues and Subscrip <mark>tions</mark>  | 352.60       |
| 6230 Technology                            |              |
| 6231 Computer Equipm <mark>ent</mark>      | 368.33       |
| 6232 Website & Software Expenses           | 5,921.26     |
| 6233 Digital Cameras & Misc Equip          | 545.58       |
| Total 6230 Technology                      | 6,835.17     |
| 6500 Depreciation                          | 8,370.73     |
| 6660 In-Kind Expenses                      | 77,300.00    |
| 6700 Miscellaneous Exp <mark>ense</mark>   | 44.84        |
| Total Expenditures                         | \$385,195.48 |
| NET OPERATING REVENUE                      | \$53,673.81  |
| NET REVENUE                                | \$53,673.81  |

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| Norman Firehouse Ar                                 |          | nc.        |     |   |
|-----------------------------------------------------|----------|------------|-----|---|
| 20 <mark>2</mark> 1-2022 Bud                        | lget     |            |     |   |
|                                                     |          |            |     |   |
|                                                     |          | BUDGET     |     |   |
|                                                     |          | FY21-22    |     |   |
| Revenue                                             |          | 1121-22    |     | _ |
| 4000 Contributions                                  |          |            |     |   |
| 4002 Business/Corp./Fdns/Sponsors                   | \$       | 10,000.00  |     |   |
| 4003 Individuals                                    | \$       | 5,000.00   |     |   |
| 4004 Other Contributions                            | \$       | 23,000.00  |     |   |
| Total 4000 Contributions                            | \$       | 38,000.00  |     |   |
| 4100 Investment Income                              |          |            |     |   |
| 4110 Endowment Income                               | \$       | 10,300.00  |     |   |
| Total 4100 Investment Income                        | \$       | 10,300.00  |     |   |
| 4200 Support                                        |          |            |     |   |
| 4201 City                                           | \$       | 60,000.00  |     |   |
| 4202 State Oklahoma Arts Council                    | \$       | 25,000.00  |     |   |
| 4203 National                                       | \$       | -          |     |   |
| 4204 Norman Arts Counc <mark>i</mark> l             | \$       | 16,000.00  |     |   |
| 4206 Allied Arts-Allocation                         | \$       | 17,000.00  |     |   |
| 4208 Allied Arts-Grants                             | \$       | 6,000.00   |     |   |
| 4209 Other Support                                  | \$       | 3,000.00   |     |   |
| 4210 CARES Support                                  | \$       | 67,365.00  |     |   |
| Total 4200 Support                                  | \$       | 194,365.00 |     |   |
| 4300 Memberships                                    |          |            |     |   |
| 4302 General Public Members                         | \$       | 11,000.00  |     |   |
| 4303 Board Members                                  | \$       | 1,200.00   | -   |   |
| Total 4300 Memberships                              | \$       | 12,200.00  |     |   |
| 4400 Classes                                        |          |            |     |   |
| 4401 Materials Income                               | \$       | 5,500.00   |     |   |
| 4403 Tuition                                        | \$       | 85,000.00  |     |   |
| 4406 Other Fees                                     | \$       | 1,000.00   |     |   |
| 4404 Cancellation Refunds                           |          |            |     |   |
| Total 4400 Classes                                  | \$       | 91,500.00  |     |   |
| 4500 Sales                                          |          |            |     |   |
| 4501 Gallery Sales                                  | \$       | 1,000.00   |     |   |
| 4503 Gift Shop Sales                                | \$       | 16,000.00  |     |   |
| Total 4500 Sales                                    | \$       | 17,000.00  |     |   |
| 4600 Special Events Income                          |          | 500.00     |     |   |
| 4625 Creativity Private Event                       | \$       | 500.00     |     |   |
| 4800 Other Revenues                                 |          | 2 000 00   |     |   |
| 4801 Interest Income                                | \$<br>\$ | 3,000.00   |     |   |
| Total 4800 Other Revenues Discounts given           | >        | 3,000.00   |     |   |
| n-Kind Revenues                                     | \$       | 77,300.00  |     |   |
| Total Revenue                                       | \$       | 444,165.00 |     |   |
| Expenditures                                        |          | 444,105.00 |     |   |
| ·····                                               |          | 170,000.00 |     |   |
| 5000 Salary Wages                                   | \$       | 170,000.00 |     |   |
| 5100 Payroll Expenses<br>5101 Benefits and Vacation | \$       | 12,500.00  |     |   |
| 5107 Benefits and vacation<br>5102 Taxes            | \$       | 11,250.00  |     |   |
| Total 5100 Payroll Expenses                         | \$       | 23,750.00  |     |   |
| 5300 Professional Services                          |          | 23,7 50.00 |     |   |
| 5301 Accounting                                     | \$       | 31,000.00  |     |   |
| 5303 Design                                         | \$       | 6,250.00   |     |   |
| 5305 Artist Commission                              | \$       | 12,500.00  |     |   |
| 5306 Instructor Fees                                | \$       | 35,000.00  |     |   |
| 5308 Other Professional Fees                        | \$       | 4,000.00   |     |   |
| 5309 Programming Assistants                         | \$       | 3,700.00   |     |   |
| 5310 Misc. Services                                 | \$       | 3,000.00   |     |   |
| Total 5300 Professional Services                    | \$       | 95,450.00  |     |   |
| 5350 Travel                                         |          |            |     |   |
| 5353 Transportation                                 | \$       | -          | 2 I |   |
| 5400 Supplies                                       |          |            |     |   |

| Budget Compa                      | arison |             |      |
|-----------------------------------|--------|-------------|------|
|                                   |        |             |      |
|                                   |        | BUDGET      |      |
|                                   |        | 51/24 22    |      |
| 5404 Art Metericle                | ¢      | FY21-22     |      |
| 5401 Art Materials                | \$     | 4,000.00    | <br> |
| 5404 Office Supplies              | \$     | 1,750.00    | <br> |
| 5412 Gallery                      | \$     | 150.00      |      |
| 5416 Health & Safety              | \$     | 400.00      | <br> |
| Total 5400 Supplies               | \$     | 6,300.00    | <br> |
| 5450 Postage                      | \$     | 1,350.00    | <br> |
| 5500 Occupancy Expenses           | -      | 6 000 00    |      |
| 5501 Janitorial                   | \$     | 6,000.00    | <br> |
| 5502 Copier                       | \$     | 425.00      | <br> |
| 5503 Repairs and Maintenance      | \$     | 4,000.00    | <br> |
| 5505 Telephone                    | \$     | 3,900.00    | <br> |
| 5506 Security System              | \$     | 800.00      | <br> |
| 5507 Rent                         | \$     | 1,460.00    | <br> |
| 5508 OG&E                         | \$     | 1,480.00    | <br> |
| 5509 ONG                          | \$     | 700.00      |      |
| 5510 Utilities                    | \$     | 450.00      |      |
| Total 5500 Occupancy Expenses     | \$     | 19,215.00   | <br> |
| 5600 Membership Discounts-Tuition | \$     | 2,000.00    |      |
| 5601 Member Discount-Gift/Gallery | \$     | 250.00      |      |
| 5630 Other Discounts              | \$     | 1,000.00    |      |
| 5900 Printing                     | \$     | 2,800.00    |      |
| 6000 Advertising                  | \$     | 3,000.00    |      |
| 6001 Marketing                    | \$     | 2,000.00    |      |
| 6010 Awards and Gifts             | \$     | 500.00      |      |
| 6015 Entertainment/Recruiting     | \$     | 1,700.00    |      |
| 6017 Entertainment/Food           | \$     | 1,500.00    |      |
| 6021 Credit Card Fees             | \$     | 3,000.00    |      |
| 6030 Insurance                    |        |             |      |
| 6032 Liability                    | \$     | 11,000.00   |      |
| 6033 Workers' Compensation        | \$     | 1,900.00    | <br> |
| Total 6030 Insurance              | \$     | 12,900.00   |      |
| 6150 City/Chamber Events          | \$     | 200.00      |      |
| 6200 Special Events Expense       | \$     | 1,000.00    |      |
| 6210 Dues and Subscriptions       | \$     | 1,000.00    |      |
| 6220 Equipment Acquisition        | \$     | 3,000.00    |      |
| 6230 Technology                   |        |             | <br> |
| 6231 Computer Equipment           | \$     | 500.00      | <br> |
| 6232 Website & Software Expenses  | \$     | 5,500.00    | <br> |
| 6233 Digital Cameras & Misc Equip | \$     | 250.00      | <br> |
| Total 6230 Technology             | \$     | 6,250.00    |      |
| 6400 Fundraising                  | \$     | 600.00      | <br> |
| 6500 Depreciation                 | \$     | 8,000.00    | <br> |
| 6700 Miscellaneous Expense        | \$     | 100.00      | <br> |
| n-Kind Expense                    | \$     | 77,300.00   | <br> |
| Total Expenditures                | \$     | 444,165.00  | <br> |
| Jet Operating Revenue             | \$     | ,,,,,103.00 | <br> |
|                                   | 3      |             | <br> |
|                                   |        |             | <br> |
|                                   |        |             |      |

|                       |                |                             |                                        |              |            |               |                      |              |                                      |                  |         |                                         |         |           |                  | r H                      | N        |
|-----------------------|----------------|-----------------------------|----------------------------------------|--------------|------------|---------------|----------------------|--------------|--------------------------------------|------------------|---------|-----------------------------------------|---------|-----------|------------------|--------------------------|----------|
| 13925 01              |                | 22 3:08 PM                  |                                        |              |            |               |                      |              | _                                    |                  |         | _                                       |         |           | L ou             |                          | 0.47     |
| Fo                    |                | 990                         |                                        | Inder se     | ction 50   | 01(c), 527, d | or 4947              | (a)(1) of    | the Internal Rev<br>Imbers on this   | enue Code        | (exc    | ept private for                         | unda    | tions)    | Ope              | 2020<br>2020<br>en to Pu | blic     |
| Inte                  | mal Re         | t of the Treas              |                                        |              | ► G        | io to www.l   | s.gov/               | Form990      | for instruction                      | and the la       | test    | information.                            |         |           | lr               | spection                 | 1        |
| <u>A</u>              |                |                             | calendar year<br>C Name of organ       |              | year b     | eginnind      | 9/0.                 | L/20         | , and ending                         | 08/31            | 12      | T                                       | DE      | Employe   | er identificati  | on number                |          |
| ĥ                     |                | if applicable:<br>ss change |                                        |              | NOF        | MAN FI        | REHC                 | USE 2        | ART CENTE                            | R, INC           |         |                                         |         |           | ж.               |                          |          |
| H                     |                |                             | Doing business                         | as           |            |               |                      |              |                                      |                  |         |                                         | 2       | 3-7       | 11209            | 7                        |          |
| H                     |                | change                      | Number and st                          |              |            |               | vered to a           | street addre | ess)                                 |                  |         | Room/suile                              | ET      | relephor  | 329-4.           |                          | -        |
| Н                     | Initial r      | CONTRACTOR NO.              | City or town, st                       |              |            |               | or foreign           | postal cod   | le                                   |                  |         |                                         | 4       | 05-       | 525-4.           | 525                      |          |
|                       | termina        |                             | NORMAN                                 |              | 2.44       |               |                      | 73069        |                                      |                  |         |                                         | G       | Gross re  | ceiotsS          | 370,                     | 468      |
| Ц                     | Amend          | led return                  | F Name and add                         | ress of prir | cipal offi | cer;          |                      |              |                                      |                  |         |                                         |         |           | ſ                | Yes 2                    |          |
|                       | Applica        | ation pending               | DOUGLA                                 | AS SI        | HAW        | ELDEF         | 2                    |              |                                      |                  |         | H(a) Is this a g                        | roup r  | etum for  | subordinates     | = =                      |          |
|                       |                |                             | 444 S                                  |              | FLO        | DOD           |                      |              |                                      |                  |         | H(b) Are all su                         |         |           | -                | Yes                      | No       |
| -                     |                | 2 . M M                     | NORMAN                                 |              |            |               |                      |              | 73069                                |                  |         | If "NO,                                 | " atta  | cn a list | t. See instructi | ons                      |          |
| 1                     |                | xempt status:               | X 501(c)(3<br>WW, NORM                 |              | 501(c)     |               | (insert r            | 10.)         | 4947(a)(1) or                        | 527              |         |                                         |         |           |                  |                          |          |
| 7                     | Websi          |                             | X Corporation                          |              | _          | Association   |                      | er 🕨         |                                      | 1                | Vo      | H(c) Group extension ar of formation: 1 | 1.000   |           | M State of       | legal domicila           | OK       |
|                       | Part           | 20                          | mmary                                  |              |            | ASSUGATION    |                      |              |                                      | l.               |         |                                         | 21      | ±         | IN SIGIE UI      | iegai uumielle           | OIL      |
| 1                     | -              |                             | scribe the org                         | anizatio     | n's mis    | sion or ma    | st siar              | ificant a    | ctivities:                           |                  |         |                                         |         |           |                  |                          |          |
| ce                    |                |                             | SCHEDULE                               |              |            |               | -                    |              |                                      |                  |         |                                         |         |           |                  |                          |          |
| nar                   |                |                             |                                        |              |            |               |                      |              |                                      |                  |         |                                         |         |           |                  |                          |          |
| Governance            |                |                             | ·····                                  |              |            |               |                      |              |                                      |                  |         |                                         | • • • • |           |                  |                          |          |
|                       | 2              |                             |                                        |              |            |               |                      |              | ons or disposed                      |                  |         |                                         |         |           |                  |                          |          |
| oð<br>ທ               | 3              | Number of                   | of voting mem                          | bers of t    | he gov     | erning bod    | y (Part              | VI, line     | 1a)                                  |                  |         |                                         | ••      | 3         | 4                |                          |          |
| itie                  | 4              | Total pun                   | bor of individu                        | voting r     | nembe      | in colorida   | overnir              | ig body      | (Part VI, line 1<br>art V, line 2a)  | ····· (تا        | • • • • |                                         | ••      | 4         | 15               |                          |          |
| Activities &          |                |                             | nber of volunte                        |              |            |               |                      |              | art V, and Zay.                      |                  |         |                                         |         | 6         | 29               |                          |          |
| 4                     |                |                             |                                        |              |            |               |                      | (C), lin     | e 12                                 |                  |         | ••••••                                  |         | 7a        | _                |                          | 0        |
|                       | b              | Net unrel                   | ated business                          | taxable      | income     | e from Form   | n 990-               | T, Part I    | , line 11                            |                  |         |                                         |         | 7b        |                  |                          | 0        |
|                       |                | Contributi                  | and arant                              | a (Dert )    | //// 100   | - 161         |                      |              |                                      |                  | -       | Prior Yea                               |         | 27        |                  | ent Year<br>273,9        | 26       |
| onu                   | 9              | Program                     | service reveni                         | e (Part      | VIII lin   | e 2a)         | • • • • • • •        |              |                                      |                  | -       |                                         |         | 04        |                  | 84,4                     |          |
| Revenue               | 10             | Investmer                   | nt income (Par                         | t VIII, co   | olumn (    | A), lines 3,  | 4, and               | d 7d)        |                                      | <u>.</u>         |         |                                         |         |           |                  | -18,5                    |          |
| Å                     | 11             | Other rev                   | enue (Part VII                         | I, columr    | n (A), li  | ines 5, 6d,   | 8c, 9c,              | 10c, ar      | ıd 11e)                              |                  |         | -32                                     |         |           |                  |                          | 0        |
|                       | 12             | Total reve                  | enue <mark>-</mark> add line           | es 8 thro    | ugh 11     | 1 (must equ   | Jal Par              | t VIII, co   | lumn (A), line                       | 12)              |         | 228                                     | 3,6     | 598       |                  | 339,8                    | 75       |
|                       | 13             | Grants ar                   | ıd similar amo                         | unts paid    | d (Part    | IX, column    | n (A), li            | nes 1-3      | )                                    | . <mark>.</mark> |         |                                         |         |           |                  |                          | 0        |
|                       |                |                             |                                        |              |            |               |                      |              |                                      |                  |         | 1 77 7                                  |         | FC        |                  | 1 50 0                   | 0        |
| enses                 | 15             | Salaries,                   | other compens                          | sation, e    | mploye     | e benefits    | (Part I              | X, colun     | nn (A), lines 5-                     | -10)             | -       | 175                                     | ),1     | .56       |                  | 158,8                    | 94       |
| Jens                  | 168            | Total func                  | hai fundraising                        | Tees (P      | artix,     | Column (A     | ), line '<br>line 25 | 1'le)        |                                      |                  |         |                                         |         | -         |                  |                          |          |
| Ă                     | 17             | Other exc                   | enses (Part I)                         |              | n (A) I    | lines 11a-'   | 1d 11                | f_24e)       | •••••                                | ····             | -       | 116                                     | . 4     | 09        |                  | 149,0                    | 04       |
|                       | 18             | Total exp                   | enses. Add line                        | es 13-17     | 7 (mus     | t equal Par   | t IX. c              | olumn (A     | A), line 25)                         |                  |         | 291                                     |         |           |                  | 307,8                    |          |
|                       | 19             |                             | less expenses                          |              |            |               |                      |              |                                      |                  |         | -62                                     | 2,8     | 67        |                  | 31,9                     | 77       |
| Assets or<br>Balances |                |                             |                                        | (0)          |            |               |                      |              |                                      |                  | E       | Beginning of Cur                        |         |           |                  | of Year<br>686,3         | 72       |
| Asse<br>Bala          | 20             |                             | ets (Part X, line<br>lities (Part X, I |              |            |               | 1000 000 00010       |              |                                      |                  | -       | 627                                     |         | 64        |                  | 56,8                     |          |
| Pund                  | 1000 CONSTRUCT |                             | Supervised in Conservation 19          |              |            |               |                      |              |                                      |                  |         | 540                                     |         |           | _                | 629,5                    |          |
| P                     | art II         |                             | nature Blo                             |              |            |               |                      |              |                                      |                  |         |                                         |         |           |                  |                          |          |
|                       |                |                             |                                        |              |            |               |                      |              | accompanying sc<br>on all informatio |                  |         |                                         |         |           |                  | -                        |          |
| 0.                    |                |                             | nature of officer                      | w            | n          |               |                      |              |                                      |                  |         |                                         |         | 5A        | N 3              | ,20                      | <u>n</u> |
| Sig                   |                | 1:                          |                                        | CIITA        | T-7 T-7    | משתח          |                      |              |                                      | EXEC             | TTM     |                                         |         |           | -                |                          |          |
| Hei                   | e              | - 983                       | DOUGLAS                                |              | WV E       | LDER          |                      |              |                                      | EXEC             | UT.     | TAU DT                                  |         | CTO       | n.               |                          |          |
|                       |                |                             | preparer's name                        |              |            |               | Prepare              | r's signatu  | re                                   |                  |         | Date                                    |         | Check     | if PTIN          | 1                        |          |
| Paic                  | i i            | 1010                        | SE SHEPARD                             |              |            |               |                      | 3            |                                      |                  |         |                                         |         | self-emp  |                  | 0162034                  |          |
| Prep                  | arer           | Firm's nam                  |                                        | RAY,         | BLO        | DDGETT        | <u>چ</u>             | COME         | ANY, PI                              | LC               |         | Fi                                      | m's E   |           |                  | 35281                    | .0       |
| Use                   | Only           |                             |                                        | 29 2         |            |               | W                    |              |                                      |                  |         |                                         |         |           |                  |                          |          |
|                       | 10 0           | Firm's add                  | ress 🕨 N                               | ORMAI        | N, (       | OK 73         | 8069                 | -391         | 2                                    |                  |         | Pł                                      | ола г   | 10.       | 405-3            | 60-55                    | 33       |

 May the IRS discuss this return with the preparer shown above? See instructions
 Yes
 No

 For Paperwork Reduction Act Notice, see the separate instructions.
 For 990 (2020)

Item 1.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MAN FIREHOUSE ART CENTER, INC. 23-7112097                                                                                                                                                                                                                                                                                                                                                                                                 | Page 2                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | if Schedule O contains a response or note to any line in this Part III                                                                                                                                                                                                                                                                                                                                                                    | X                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e organization's mission:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |
| SEE SCHEDU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LE O                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |
| ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - undertake any similar to program applies during the year which were not listed on the                                                                                                                                                                                                                                                                                                                                                   |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on undertake any significant program services during the year which were not listed on the 990-EZ?                                                                                                                                                                                                                                                                                                                                        | Yes X No                                                   |
| If "Yes." describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | these new services on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on cease conducting, or make significant changes in how it conducts, any program                                                                                                                                                                                                                                                                                                                                                          |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes X No                                                   |
| Set and a set of the s | these changes on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nization's program service accomplishments for each of its three largest program services, as measured by                                                                                                                                                                                                                                                                                                                                 |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,                                                                                                                                                                                                                                                                                                                              |                                                            |
| the total expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s, and revenue, if any, for each program service reported.                                                                                                                                                                                                                                                                                                                                                                                |                                                            |
| (Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Expenses \$ 92,320 including grants of \$ ) (Revenue \$                                                                                                                                                                                                                                                                                                                                                                                  | 38,677)                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OVIDES VISUAL ARTS EDUCATION TO 316 CHILDREN IN-HOUSE                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SCHOOL AND CHILDREN'S SUMMER ART PROGRAMS. THESE CLAS                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FAC'S "CREATING WITH THE MASTERS" CURRICULUM, WHICH I                                                                                                                                                                                                                                                                                                                                                                                     | NTRODUCES                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | O THE WORKS OF MASTER AND MODERN ARTISTS AND TEACHES                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HISTORY OF ART, MUSEUMS, AND ART TECHNIQUES WHILE FUL                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |
| * * * * * * * * * * * * * * * * * * * *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                           | AC IS ALSO                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ONE PROVIDER OF VISUAL ARTS EDUCATION IN NORMAN'S PU                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
| LEMENTARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SCHOOLS. LAST YEAR, THE FAC PROVIDED VISUAL ART EDUC:<br>N NORMAN'S PUBLIC ELEMENTARY SCHOOLS.                                                                                                                                                                                                                                                                                                                                            | ATION TO .                                                 |
| UTDOVEN T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A NORMAN 5 FOBLIC ELEMENTARY SCHOOLS.                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |
| •••••••••••••••••••••••••••••••••••••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |
| (Code: )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Expenses \$ 82,332 including grants of \$ ) (Revenue \$                                                                                                                                                                                                                                                                                                                                                                                  | 29,767)                                                    |
| HE FAC PR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OVIDES ADULT VISUAL ARTS CLASSES IN A FULL RANGE OF A                                                                                                                                                                                                                                                                                                                                                                                     | RTISTIC                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | APPROXIMATELY 1,477 INDIVIDUALS EACH YEAR. THIS INCLU                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR US ARMED FORCES VETERANS AT THE NORMAN VETERANS                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | H VARYING DEGREES OF COGNITIVE AND PHYSICAL DISABILITI<br>ING STUDIO. HEALING STUDIO IS OFFERED FREE OF CHARGE                                                                                                                                                                                                                                                                                                                            | TO ITS                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |
| * * * * * * * * * * * * * * * * * * * *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 'S THROUGH 12 SCHOLARSHIPS AVAILABLE WEEKLY FOR APPR                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
| ARTICIPAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                   | DXIMATELY                                                  |
| ARTICIPAN<br>EEKS EACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YEAR. THE FAC IS ALSO PARTNER TO MANY COMMUNITY EVEN                                                                                                                                                                                                                                                                                                                                                                                      | DXIMATELY                                                  |
| ARTICIPANJ<br>EEKS EACH<br>ROVIDING A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YEAR. THE FAC IS ALSO PARTNER TO MANY COMMUNITY EVEN<br>APPROXIMATELY 4,000 INDIVIDUALS WITH FREE ARTS EXPERIE                                                                                                                                                                                                                                                                                                                            | OXIMATELY<br>NTS,<br>ENCES DURI                            |
| ARTICIPANT<br>EEKS EACH<br>ROVIDING /<br>HE PAST Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YEAR. THE FAC IS ALSO PARTNER TO MANY COMMUNITY EVEN<br>APPROXIMATELY 4,000 INDIVIDUALS WITH FREE ARTS EXPERIE                                                                                                                                                                                                                                                                                                                            | DXIMATELY<br>NTS,<br>ENCES DURI<br>D GALLERY               |
| ARTICIPANT<br>EEKS EACH<br>ROVIDING 1<br>HE PAST 1<br>PACES, EXI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YEAR. THE FAC IS ALSO PARTNER TO MANY COMMUNITY EVEN<br>APPROXIMATELY 4,000 INDIVIDUALS WITH FREE ARTS EXPERIN<br>EAR. THE FIREHOUSE IS HOME TO DEDICATED GIFT SHOP AND<br>HIBITING PRIMARILY OKLAHOMA-BASED ARTISTS TO OVER 3,00                                                                                                                                                                                                         | DXIMATELY<br>NTS,<br>ENCES DURI<br>D GALLERY               |
| ARTICIPAN<br>EEKS EACH<br>ROVIDING I<br>HE PAST Y<br>PACES, EXI<br>EMBERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YEAR. THE FAC IS ALSO PARTNER TO MANY COMMUNITY EVEN<br>APPROXIMATELY 4,000 INDIVIDUALS WITH FREE ARTS EXPERIN<br>EAR. THE FIREHOUSE IS HOME TO DEDICATED GIFT SHOP ANN<br>HIBITING PRIMARILY OKLAHOMA-BASED ARTISTS TO OVER 3,00<br>NUALLY.                                                                                                                                                                                              | DXIMATELY<br>NTS,<br>ENCES DURI<br>D GALLERY<br>DO COMMUNI |
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| ARTICIPANT<br>EEKS EACH<br>ROVIDING A<br>HE PAST Y<br>PACES, EXI<br>EMBERS AN<br>(Code: )<br>ALLERY / C<br>Duber program serve<br>Expenses \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YEAR. THE FAC IS ALSO PARTNER TO MANY COMMUNITY EVEN<br>APPROXIMATELY 4,000 INDIVIDUALS WITH FREE ARTS EXPERIN<br>EAR. THE FIREHOUSE IS HOME TO DEDICATED GIFT SHOP AND<br>HIBITING PRIMARILY OKLAHOMA-BASED ARTISTS TO OVER 3,00<br>NUALLY.<br>(Expenses \$ 40,506 including grants of\$ ) (Revenue \$<br>SIFT SHOP -<br>//////////////////////////////////                                                                              | DXIMATELY<br>NTS,<br>ENCES DURI<br>GALLERY<br>00 COMMUNI   |

| -              | m 990 (2020) NORMAN FIREHOUSE ART CENTER, INC. 23-7112097                                                                                                                            |     | P   | age 3 |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-------|
|                | art IV Checklist of Required Schedules                                                                                                                                               | -   | Yes | No    |
|                | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                                                                        |     | 105 |       |
| 1              |                                                                                                                                                                                      | 1   | x   |       |
| •              | complete Schedule A<br>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                             | 2   | x   |       |
| 2              | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                                                     | -   |     |       |
| 3              | Did the organization engage in direct or indirect political campaign activities on behall of the opposition to                                                                       | 3   |     | х     |
| 4              | candidates for public office? If "Yes," complete Schedule C, Part I<br>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | -   |     |       |
| 4              | election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                       | 4   |     | x     |
| 5              | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                                                                         |     |     |       |
| 5              | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                       | 5   |     | x     |
| 6              | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                                                                              |     |     |       |
| 0              | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                                                                          |     |     |       |
|                | "Yes," complete Schedule D, Part I                                                                                                                                                   | 6   |     | x     |
| 7              | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                            |     |     |       |
|                | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                 | 7   |     | x     |
| 8              | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                                                  |     |     |       |
|                | complete Schedule D, Part III                                                                                                                                                        | 8   |     | x     |
| 9              | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a                                                                      |     |     |       |
| -              | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or                                                                         |     |     |       |
|                | debt negotiation services? If "Yes," complete Schedule D, Part IV                                                                                                                    | 9   |     | x     |
| 10             | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                                                         |     |     |       |
|                | or in 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,                                                                         |     | 1   |       |
| •••            | VII, VIII, IX, or X as applicable.                                                                                                                                                   |     |     | 1     |
| а              | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                                                                               |     |     |       |
| u              | complete Schedule D, Part VI                                                                                                                                                         | 11a | х   |       |
| h              | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more                                                                        |     |     |       |
| 2              | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                             | 11b |     | x     |
| C              | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more                                                                         |     |     |       |
|                | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                            | 11c |     | X     |
| d              | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets                                                                    |     |     |       |
|                | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                  | 11d | X   |       |
| е              | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                | 11e | X   |       |
| f              | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                              |     |     | 0     |
|                | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                               | 11f |     | X     |
| 12a            | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                  |     |     |       |
|                | Schedule D, Parts XI and XII                                                                                                                                                         | 12a |     | Х     |
| b              | Was the organization included in consolidated, independent audited financial statements for the tax year? If                                                                         |     |     |       |
|                | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                   | 12b |     | X     |
| 13             | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                    | 13  |     | X     |
|                | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                          | 14a |     | X     |
|                | 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 |     | X     |
| 15             | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                                                    |     |     |       |
|                | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                         | 15  |     | X     |
| 16             | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other                                                                           |     |     |       |
|                | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                            | 16  |     | X     |
| 17             | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                                                                       |     |     |       |
|                | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions                                                                                         | 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  |     | х     |
| 19             | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                                                         |     |     |       |
| and an and the | If "Yes," complete Schedule G, Part III                                                                                                                                              | 19  |     | X     |
| 20a            | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                          | 20a |     | X     |
| 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     |

DAA

Form 990 (2020)

| For | n 990 (2020) NORMAN FIREHOUSE ART CENTER, INC. 23-7112097                                                                                                                                                                      |      | Pa         | age 4    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|----------|
|     | art IV Checklist of Required Schedules (continued)                                                                                                                                                                             |      | Yes        | No       |
|     |                                                                                                                                                                                                                                |      | Tes        | NU       |
| 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   |            | x        |
|     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                                                                                                                            |      |            |          |
| 23  | organization's current and former officers, directors, trustees, key employees, and highest compensated                                                                                                                        |      |            |          |
|     | employees? If "Yes," complete Schedule J                                                                                                                                                                                       | 23   |            | X        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                                                                                                                            |      |            |          |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b                                                                                                                  |      |            |          |
|     | through 24d and complete Schedule K. If "No," go to line 25a                                                                                                                                                                   | 24a  |            | X        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                              | 24b  |            |          |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year                                                                                                                      |      |            |          |
|     | to defease any tax-exempt bonds?                                                                                                                                                                                               | 24c  | 1          |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                        | 24d  |            |          |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                                                                                                   |      |            | 37       |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                  | 25a  |            | X        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior                                                                                                               |      |            |          |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?                                                                                                                   | 254  |            | х        |
|     | If "Yes," complete Schedule L, Part I                                                                                                                                                                                          | 25b  |            | <u> </u> |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                                                |      |            |          |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                                                                                        | 26   |            | x        |
| 07  | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i><br>Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | 20   |            |          |
| 27  |                                                                                                                                                                                                                                |      |            |          |
|     | employee, creator of founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these                  |      |            |          |
|     | persons? If "Yes," complete Schedule L, Part III                                                                                                                                                                               | 27   |            | x        |
| 20  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part                                                                                                                 |      |            |          |
| 28  | IV instructions, for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                |      |            |          |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                                                                                                               |      |            |          |
| -   |                                                                                                                                                                                                                                | 28a  |            | X        |
| b   | "Yes," complete Schedule L, Part IV<br>A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                  | 28b  |            | X        |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If                                                                                                                      |      |            |          |
|     | "Yes," complete Schedule L, Part IV                                                                                                                                                                                            | 28c  |            | X        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                       | 29   |            | X        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified                                                                                                                 |      |            |          |
|     | conservation contributions? If "Yes," complete Schedule M                                                                                                                                                                      | 30   |            | X        |
| 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 Schedul <mark>e</mark> N, Part II                                                                                                                                                                                     | 32   |            | X        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                                     |      |            |          |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                      | 33   |            | X        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,                                                                                                                 |      |            | 37       |
|     | or IV, and Part V, <mark>li</mark> ne 1                                                                                                                                                                                        | 34   |            | X        |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                        | 35a  |            | <u>A</u> |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a                                                                                                                        | 35b  |            |          |
| ~~  | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                      | 300  |            |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable                                                                                                                           | 36   |            | х        |
| 07  | related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                            | - 30 |            | 45       |
| 37  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                                   | 37   |            | x        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and                                                                                                                     |      |            |          |
| 50  | 19? Note: All Form 990 filers are required to complete Schedule O.                                                                                                                                                             | 38   | x          |          |
| Pa  | art 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> . |          |
|     |                                                                                                                                                                                                                                |      | Yes        | No       |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17                                                                                                                                             |      |            |          |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0                                                                                                                                           |      |            |          |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and                                                                                                                               |      |            |          |
|     | reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                        | 1c   | X          |          |
| DAA |                                                                                                                                                                                                                                | Form | 990        | (2020)   |

| Form | 990 (2020) NORMAN FIREHOUSE ART CENTER, INC. 23-7112097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | Pa  | age 5     |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----------|
|      | art V Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | Ven | No        |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Yes | No        |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |           |
|      | Statements, med for the calcular year chang war of mann the year cereica by the retaining the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2b  | X   | 1         |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20  |     |           |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3a  |     | x         |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3b  | -   |           |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 00  |     |           |
| 4a   | 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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4a  |     | x         |
| h    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |           |
| D    | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |     | ĺ         |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5a  |     | x         |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5b  |     | X         |
| C    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5c  |     |           |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |     |           |
| ou   | organization solicit any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6a  |     | X         |
| b    | and a start for the start of th |     |     |           |
|      | gifts were not tax deductible?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6b  |     |           |
| 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 services provided to the payor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7a  |     | X         |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7b  |     |           |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |           |
|      | required to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7c  |     | X         |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year7d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |           |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7e  |     | X         |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7f  |     | X         |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7g  | -   |           |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7h  |     |           |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |     |           |
|      | sponsoring 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9a  |     |           |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9b  |     |           |
| 10   | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |           |
| a    | Initiation fees and capital contributions included on Part VIII, line 12 10a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |           |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |           |
| 11   | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | a   |           |
| a    | Gross income from members or shareholders     11a       Gross income from other sources (Do not net amounts due or paid to other sources     11a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |           |
| b    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |           |
| 120  | against amounts due or received from them.) [11b]<br>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12a |     |           |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |           |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |           |
|      | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13a |     |           |
| H    | Note: See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     | 201       |
| 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 13b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |           |
| С    | Enter the amount of reserves on hand 13c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |           |
| 14a  | 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 on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14b |     |           |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |     |           |
|      | excess parachute payment(s) during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15  |     | X         |
|      | If "Yes," see instructions and file Form 4720, Schedule N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |     |           |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16  |     | X         |
|      | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L   | 000 | Ton Devel |

Form 990 (2020)

DAA



# The Moore-Lindsay Historical House Museum

Item 1.

Operated by the Cleveland County Historical Society

## 2022 Annual Report

## Board of Directors

Robertson Million President

Vernon Maddux Vice-President

> Sue Schrems Treasurer

> > Riley Million Secretary

Barbara Million Historian

Mae D. Cox

John Hughes

## <u>Staff</u>

Amy Pence Museum Manager The Moore-Lindsay Historical House Museum (MLHHM) was founded in 1974 as the Norman-Cleveland County Historical Museum, the result of a collaboration between the City of Norman and the Cleveland County Historical Society (CCHS). The museum is housed in a beautiful Victorian-style home that was built in 1899 and is a prime example of the success that middle-class families found in Oklahoma Territory. The Historical Society is proud to continue to serve as stewards of the property, which is listed on the National Register of Historic Places.



Our mission is to research, preserve, publicize, and perpetuate the history and genealogy of Cleveland County, Oklahoma and its people, and to assemble and displaobjects of historical interest and significance.

# Organizational Goals

## Educational Programming and Visitor Experiences

Enhance current educational programs, continue to improve the quality and creativity of exhibits and events, and inspire guests to visit multiple times.

## Preservation & Research

Continue researching and preserving artifacts that the museum currently stores, and provide easy access to research materials for the community.

## Audience Diversity

Extend offerings for different ages, citizen groups, and organizations within the community.

## Community Engagement

Develop new partnerships with other cultural and educational entities in the community in order to broaden the museum's reach to a wider audience.

## Fundraising

Seek out new fundraising sources locally and nationally.

For more information on CCHS's goals and strategies for success, our full 2019-2024 Strategic Plan can be viewed online at www.normanmuseum.org/strategicplan.

# 2021 Programming

## Exhibits

- Proper Ladies: Dressing to Impress in the Victorian Era
- Annual Quilt and Textile Arts Show
- Christmas in Oklahoma Territory Micro-Exhibits
  - The Language of Flowers
  - Domestic Killers
- 7 displays created by Junior Curators Events
  - Fall Exhibit Opening Reception
  - Smithsonian Magazine's Museum Day
  - Trick-or-Treat at the Moore-Lindsay
  - Annual Christmas Open House

## Events, cont'd

- Author Meet & Greet for *Griffin Memorial Hospital*
- Junior Curator Micro-Exhibits Opening Reception
- 2 Paranormal Investigations

## Educational Programs

- Summer Learning Day
- Children's Summer History Camp Series (8 sessions)
- Homeschool Day
- 8 field trips, educational group tours, private workshops, and outreach events

# Coming in 2022

Museum staff has planned 4 exhibits, 3 micro-exhibits, 14 educational workshops and camps, 7 events, and 3 fundraising events in 2022. Additionally, a local art show is in the early planning stages, to take place in summer or fall 2022. Staff will also conduct field trips, educational group tours, and private workshops as requested by local schools, homeschool groups, clubs, and other organizations.





# Archive

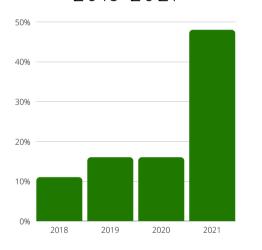
CCHS houses its historical collection in the archive room of the Moore-Lindsay Historical House Museum. CCHS collects items of historical significance relating to Cleveland County from the years just prior to the first Oklahoma Territory Land Run to the present day. The majority of the archival collection focuses heavily on documenting Cleveland County's history during Oklahoma's territorial period and early statehood, roughly 1880-1930. Expanding the materials in the archives is an ongoing effort, and more recent donations move the collection's timeline into the middle of the twentieth century. The collection consists of more than 5000 items, including paper archives, photographs, slides, recordings, books, newspapers, furnishings, and artifacts. Additionally, recent donations of approximately 50 artifacts and tens of thousands of photographs (donated by a local photo studio in 2019) are awaiting processing and digitization in order to be added to the archive.

## Fees & Income

Admission: Free

Workshops, camps, etc.: \$5/person Photographer Fees: \$50/hour Rental Fee: \$50/hour Birthday Party Package: \$150

## Percentage of Expenditures Paid By Non-City Funds 2018-2021

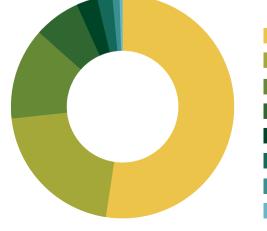


In an effort to keep the museum accessible to as many people as possible, the Moore-Lindsay Historical House Museum does not charge an admission fee. Additionally, our camps and workshops are priced at an affordable \$5 per person for each session. Because these income sources are limited, CCHS is continually seeking additional sources of funding. CCHS offers the historical house as a set for photographers, the house and carriage house can be rented out for small events, and the museum also offers a Victorian tea party birthday party package.

Additional income sources include the museum gift shop, grants, royalties on CCHS books, and fundraisers. In 2021, the society published a new CCHS book on local history, conducted a raffle fundraiser, and partnered with a local paranormal investigation group to conduct investigations at the historical house with a portion of ticket sales benefitting the museum. The museum was also chosen by the Oklahoma Department of Libraries to receive a grant in 2022 of approximately \$3200 of ARPA funds. Staff continues to seek additional fundraising and grant opportunities.



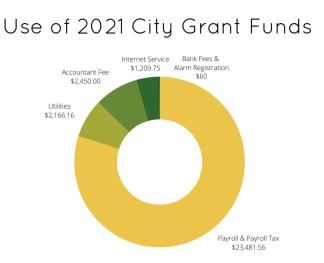
## Percentage of Expenditures Paid By Income Source 2021



- City of Norman Grant Funds 52.4%
- Grants 20.9%
- Existing CCHS Funds 13.3%
- Gift Shop, Book Sales, Membership Dues, & Book Royalties 6.7%
- Investments & Endowments 3.0%
- Donations 2.2%
- Camp, Workshop, & Tea Party Enrollment Fees 1.0%
- Rentals, Photographer Fees, & Birthday Parties 0.4%

# Use of 2021 City Funds

City of Norman funds are used to pay for the basic necessities of running the museum: the museum manager's salary, the cost of utilities for the building, and fees for the accountant who handles museum payroll and taxes. This frees up funding from other sources to cover the costs of museum programming and necessary supplies. Other uses of City funds include providing internet service for museum staff to use for research purposes, paying bank account fees for the account holding the funds, and paying the fee for the yearly City of Norman registration for our alarm system. At this time, it would be impossible to continue operating the museum without this essential funding.



# Funding Request for 2022

CCHS was appointed by the City of Norman to serve as guardian of the Moore-Lindsay Historical House Museum in 1974. The society has proudly served in that role since that time, with the support of an annual grant from the City. Since 2015, that grant has been for \$30,870 a year. In the last six years, while city funding has remained stable, there has been an increase in educational programming, exhibits, and events offered at the museum, all of which have increased museum visitation. CCHS has also seen an increase in material donations to the museum; these donations of artifacts, photographs, and manuscripts help the MLHHM to present a more thorough and accurate history of Norman and Cleveland County, but all new materials to the museum have to be accessed and archived by museum staff. Currently, the museum manager is the sole staff person at the museum, working part-time, 30hours per week with a salary of under \$24,000 per year. The manager fills the roles of executive director, registrar, docent, curator, marketing department, housekeeper, educator, volunteer coordinator, gardener, researcher, outreach coordinator, social media manager, webmaster, networking liaison, and events coordinator. Sadly, because there is only one staff person, the museum must close if she is busy teaching a museum workshop or camp session, out of the office attending professional development classes or community meetings, or out sick. One solution to this issue would be the hiring of a second staff person. Additionally, CCHS is seeking to offer health insurance to the museum manager, as this is a priority in maintaining the current staff and in becoming a more equitable workplace.

## CCHS humbly requests that the annual grant from the City be increased from \$30,870 to \$41,500 in order to hire a second staff person and provide health insurance benefits for the museum manager.

This funding increase would set the stage for the museum to grow by leaps and bounds in the next few years. If the City were to grant this request, the current museum staff would be extremely grateful and is committed to using these funds to expand the positive effects that the museum has on Norman via community-responsive programming, policies focusing on equity, exhibits featuring diversity, 113 outreach to local schools and community groups to assess their educational needs and offer assistance.

# 2022 Budget

## Projected 2022 Income

| Unrestricted Income                            |          |
|------------------------------------------------|----------|
| City of Norman Grant Funds                     | \$30,870 |
| Norman Arts Council Grant                      | \$4,000  |
| Donations                                      | \$1,500  |
| Gift Shop, Book Sales, Membership Dues         | \$4,000  |
| Rentals, Photographer Fees, & Birthday Parties | \$300    |
| Camp, Workshop, & Tea Party Enrollment Fees    | \$800    |
| OKC Community Foundation Fund Interest         | \$1,150  |
| Book Royalties                                 | \$400    |
| Oklahoma Historical Society Grant 2021         | \$2,000  |
| Interest from Bank Accounts                    | \$10     |
| Total Unrestricted Income                      | \$45,030 |
| Restricted Income                              |          |
| Interest on CD                                 | \$675    |
| Total Restricted Income                        | \$675    |
| Total Income                                   | \$45,705 |

## Projected 2022 Expenses

| Payroll & Payroll Tax                   | \$25,000 |
|-----------------------------------------|----------|
| Accountant Fees                         | \$2,500  |
| Banking, PayPal, Stripe, & Square Fees  | \$100    |
| Utilities                               | \$2,900  |
| Internet Service                        | \$1,300  |
| Supplies                                | \$3,000  |
| Events and Programming                  | \$4,000  |
| Staff Development & Organizational Dues | \$1,000  |
| Gift Shop Stock                         | \$800    |
| Postage & Advertising                   | \$1,000  |
| Website                                 | \$400    |
| Miscellaneous                           | \$1,000  |
| OHS 2021 Grant Project                  | \$2,000  |
|                                         |          |

## Total Expenses

\$45,000



## 2021 Financial Statement

#### 2021 Income Unrestricted Income City of Norman Grant Funds \$30,870.00 Norman Arts Council Grant \$4.000.00 Donations \$1.299.54 Gift Shop, Book Sales, Membership Dues \$3,806.25 Rentals, Photographer Fees, & Birthday Parties \$260.00 Camp, Workshop, & Tea Party Enrollment Fees \$612.24 OKC Community Foundation Fund Interest \$1,105.00 **Book Royalties** \$149.35 Oklahoma Historical Society Grant 2020 \$2,148.54 Oklahoma Historical Society Grant 2021 \$6,164.41 Interest from Bank Accounts \$8.95 **Total Unrestricted Income** \$50,424.28 **Restricted Income** Interest on CD \$670.09 Total Restricted Income \$670.09 Total Income \$51,094.37 2021 Expenses \$23,881.56 Payroll & Payroll Tax Accountant Fees \$2,450.00 \$87.65 Banking, PayPal, Stripe, & Square Fees Utilities \$2,166.16 Internet Service \$1,209.75 Supplies \$2.448.82 Events and Programming \$3.521.58 Staff Development & Organizational Dues \$782.73 \$9,049.78 Gift Shop Stock Postage & Advertising \$819.41 Website \$193.98 CCHS Book Research Costs \$3,132.00 OHS 2021 Grant Project \$6,851.41 Miscellaneous \$2,321.18 **Total Expenses** \$58,916.01 Unrestricted Income v. Expenses,

Budget Shortfall or Overage:

(\$8,491.73)

Item 1.

# 2021 Financial Statement, Cont'd

# 2021 End of Year Account Balances Unrestricted Assets City of Norman Grant Fund \$20.5

| City of Norman Grant Fund          | \$20,595.78 |
|------------------------------------|-------------|
| CCHS Operating Fund                | \$9,826.64  |
| NAC Grant Fund                     | \$6,680.96  |
| Restoration Fund                   | \$3,221.89  |
| CCHS Books Account                 | \$2,359.21  |
| PayPal                             | \$474.52    |
| Total Unrestricted Assets          | \$43,159.00 |
| Restricted Assets                  |             |
| Carpenter's Lace Restoration Fund  | \$3,050.00  |
| CD                                 | \$38,761.99 |
| OKC Community Foundation Endowment | \$10,000.00 |
| Total Restricted Assets            | \$51,811.99 |
| Total Assets                       | \$94,970.99 |



# 2020 Form-990-EZ

|            | - <sup>4</sup>                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Short Form                                                                                                                                                                               |                                          |            | OMB No. 1545-0047     |
|------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-----------------------|
| _          | aar                                      | )-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Return of Organization Exempt From Income                                                                                                                                                | Tax                                      |            |                       |
| Form       | 330                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)                                                                                        |                                          |            | 2020                  |
|            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                          | 10115)     | Open to Public        |
| _          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Do not enter social security numbers on this form as it may be made p                                                                                                                    | oublic.                                  |            | Inspection            |
|            | tment of the al Revenu                   | he Treasury<br>le Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Go to www.irs.gov/Form990EZ for instructions and the latest information                                                                                                                  | ation.                                   |            | mopection             |
| AF         | or the 2                                 | 2020 calenda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r year, or tax year beginning , 2020, and ending                                                                                                                                         |                                          |            | , 20                  |
| Вс         | heck if ap                               | plicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C Name of organization                                                                                                                                                                   | D Employ                                 | er ident   | ification number      |
| A          | ddress cha                               | ange                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLEVELAND COUNTY HISTORICAL SOCIETY                                                                                                                                                      | 73-                                      | 10519      | 70                    |
|            | ame chan                                 | ge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite                                                                                                    | E Telepho                                | ne numl    | ber                   |
|            | itial return                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                          |            |                       |
| H          |                                          | /terminated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 508 NORTH PETERS AVENUE                                                                                                                                                                  |                                          |            |                       |
|            | mended re                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City or town, state or province, country, and ZIP or foreign postal code                                                                                                                 | F Group E                                | 1 A A      | n                     |
|            | pplication                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NORMAN, OK 73069                                                                                                                                                                         | Number                                   |            |                       |
|            |                                          | ng Method:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X Cash Accrual Other (specify) F                                                                                                                                                         |                                          |            | e organization is not |
|            | Vebsite                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | heck only one) - 🕱 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or 527                                                                                                                  | required to a                            |            |                       |
|            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | heck only one) -         X         501(c)(3)         501(c)(         )         4947(a)(1) or         527           X         Corporation         Trust         Association         Other | (Form 990, 9                             | 990-EZ,    | or 990-PF).           |
|            |                                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as                                                                                         | anto                                     |            |                       |
|            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 500,000 or more, file Form 990 instead of Form 990-EZ                                                                                                                                    |                                          | <b>b</b> C | 43,103                |
| -          | rt I                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e, Expenses, and Changes in Net Assets or Fund Balances (see th                                                                                                                          |                                          |            |                       |
| L          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the organization used Schedule O to respond to any question in this Part I                                                                                                               | e manuelloi                              | 13 101 1   |                       |
|            | 1                                        | and the second se | s, gifts, grants, and similar amounts received                                                                                                                                           |                                          | 1          | 42,045                |
|            | 2                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | vice revenue including government fees and contracts                                                                                                                                     |                                          | 2          | 42,045                |
|            | 3                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dues and assessments                                                                                                                                                                     |                                          | 3          |                       |
|            | 4                                        | Investment in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                          |                                          | 4          | 681                   |
|            | 5a                                       | Gross amour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nt from sale of assets other than inventory                                                                                                                                              |                                          |            |                       |
|            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | other basis and sales expenses                                                                                                                                                           |                                          |            |                       |
|            | c                                        | Gain or (loss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ) from sale of assets other than inventory (subtract line 5b from line 5a)                                                                                                               |                                          | 5c         |                       |
|            | 6                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fundraising events:                                                                                                                                                                      |                                          |            |                       |
|            | a                                        | Gross incom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e from gaming (attach Schedule G if greater than                                                                                                                                         |                                          |            |                       |
| ani        |                                          | \$15,000) .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6a                                                                                                                                                                                       |                                          |            |                       |
| Revenue    | b                                        | Gross incom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e from fundraising events (not including \$ of contributions                                                                                                                             |                                          |            |                       |
| Re         |                                          | from fundrais                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ing events reported on line 1) (attach Schedule G if the                                                                                                                                 |                                          |            |                       |
|            |                                          | sum of such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | gross income and contributions exceeds \$15,000) 6b                                                                                                                                      |                                          | 25.1       |                       |
|            | 2.000                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | expenses from gaming and fundraising events                                                                                                                                              |                                          |            |                       |
|            | d                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract                                                                                                           |                                          |            |                       |
|            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •••••••••••••••••••••••••••••••••••••••                                                                                                                                                  |                                          | 6d         |                       |
|            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of inventory, less returns and allowances                                                                                                                                                |                                          |            |                       |
|            | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | goods sold                                                                                                                                                                               |                                          | _          |                       |
|            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or (loss) from sales of inventory (subtract line 7b from line 7a)                                                                                                                        |                                          | 7c         |                       |
|            | 8                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | le (describe in Schedule O)                                                                                                                                                              | 1 10100                                  | 8          | 377                   |
|            | 9<br>10                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                              |                                          | 9          | 43,103                |
|            | 10                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | imilar amounts paid (list in Schedule O)                                                                                                                                                 |                                          | 10<br>11   |                       |
|            | 12                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | er compensation, and employee benefits                                                                                                                                                   |                                          | 12         | 22,652                |
| ses        | 13                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fees and other payments to independent contractors                                                                                                                                       |                                          | 13         |                       |
| Expenses   | 14                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rent, utilities, and maintenance                                                                                                                                                         |                                          | 14         | 2,400                 |
| xb         | 15                                       | • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lications, postage, and shipping                                                                                                                                                         | an ana an ana ang ang ang ang ang ang an | 15         | 2,464                 |
|            | 16                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ses (describe in Schedule O)                                                                                                                                                             |                                          | 16         | 9,582                 |
|            | 17                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ses. Add lines 10 through 16                                                                                                                                                             | 200 C                                    | 17         | 37,210                |
|            | 18                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eficit) for the year (subtract line 17 from line 9)                                                                                                                                      |                                          | 18         | 5,893                 |
| ets        | 19                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r fund balances at beginning of year (from line 27, column (A)) (must agree with                                                                                                         |                                          | 1.1.1      | 2,000                 |
| SS         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | igure reported on prior year's return)                                                                                                                                                   |                                          | 19         | 99,055                |
| Net Assets | 20                                       | Conductive Conduction Conduction Conduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | es in net assets or fund balances (explain in Schedule O)                                                                                                                                |                                          | 20         |                       |
| Z          | 21                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r fund balances at end of year. Combine lines 18 through 20                                                                                                                              |                                          | 21         | 104.948               |
| For        | Paperv                                   | vork Reduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on Act Notice, see the separate instructions.                                                                                                                                            |                                          |            | Form 990-E2 117       |

Item 1.

| Form 990-EZ (2020) CLEVELAND COUNTY HI<br>Part II Balance Sheets (see the instructions for Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ζ.                                                                                                                                     | 73-1                                                                                                                            | 0519        | 970 Item 1.                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------|
| Check if the organization used Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | to respond to any que                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | estion in this Part II                                                                                                                 |                                                                                                                                 |             | X                                                                                                              |
| <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        | A) Beginning of year                                                                                                            |             | (B) End of year                                                                                                |
| 22 Cash, savings, and investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        | 95,500                                                                                                                          | 22          | 99,851                                                                                                         |
| 23 Land and buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        | 0                                                                                                                               | 23          | 0                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · ·                                                                                                                | 4,328                                                                                                                           | 24          | 5,998                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 |             | the second s |
| 25 Total assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ••••••                                                                                                                                 | 99,828                                                                                                                          | 25          | 105,849                                                                                                        |
| 26 Total liabilities (describe in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        | 773                                                                                                                             | 26          | 901                                                                                                            |
| 27 Net assets or fund balances (line 27 of column (B) must ag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        | 99,055                                                                                                                          | 27          | 104,948                                                                                                        |
| Part III Statement of Program Service Accompli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        | _                                                                                                                               |             | Expenses                                                                                                       |
| Check if the organization used Schedule C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | to respond to any qu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | estion in this Part III                                                                                                                | []                                                                                                                              | 1000        | uired for section                                                                                              |
| What is the organization's primary exempt purpose? TO PRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SERVE HISTORICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L STUDY                                                                                                                                |                                                                                                                                 |             |                                                                                                                |
| Describe the encoded balance of the encoded by the second balance of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a a a a b a f ita dhua a launaad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                                                                                 |             | c)(3) and 501(c)(4)                                                                                            |
| Describe the organization's program service accomplishments for<br>as measured by expenses. In a clear and concise manner, descr<br>persons benefited, and other relevant information for each progra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ibe the services provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                                                                                                 | orga        | nizations; optional for<br>rs.)                                                                                |
| 28 TO PROMOTE KNOWLEDGE AND INTEREST IN H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 |             | 1                                                                                                              |
| STUDY OF CLEVELAND COUNTY OKLAHOMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IISIORICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                        |                                                                                                                                 |             |                                                                                                                |
| SIGDI OF CLEVELAND COUNTI ORLAHOMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 |             |                                                                                                                |
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| 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 |             |                                                                                                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 |             |                                                                                                                |
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| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 |             |                                                                                                                |
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| (Grants \$ ) If this am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ount includes foreign gra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nts check here                                                                                                                         |                                                                                                                                 | 30a         |                                                                                                                |
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| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 | 24-         |                                                                                                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 | 32          | 27 210                                                                                                         |
| 32 Total program service expenses (add lines 28a through 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                 | 1           | 0.7==0                                                                                                         |
| Part IV List of Officers, Directors, Trustees, and Key E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mployees (list each one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | even if not compensate                                                                                                                 | d - see the instruction                                                                                                         | is for l    | Part IV)                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mployees (list each one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | even if not compensate                                                                                                                 |                                                                                                                                 | is for l    | Part IV)                                                                                                       |
| Part IV List of Officers, Directors, Trustees, and Key E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mployees (list each one<br>bond to any question in th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | even if not compensate<br>nis Part IV<br>(c) Reportable                                                                                | d - see the instruction                                                                                                         | is for f    | Part IV)                                                                                                       |
| Part IV List of Officers, Directors, Trustees, and Key E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mployees (list each one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation                                                                | d - see the instruction<br>(d) Health benefits,<br>contributions to employe                                                     | is for f    | Part IV)                                                                                                       |
| Part IV List of Officers, Directors, Trustees, and Key E<br>Check if the organization used Schedule O to res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mployees (list each one<br>bond to any question in th<br>(b) Average                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | even if not compensate<br>nis Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)                                       | d - see the instruction                                                                                                         | is for F    | Part IV)                                                                                                       |
| Part IV List of Officers, Directors, Trustees, and Key E<br>Check if the organization used Schedule O to res<br>(a) Name and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mployees (list each one<br>bond to any question in th<br>(b) Average<br>hours per week                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation                                                                | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and                               | is for F    | Part IV)                                                                                                       |
| Part IV List of Officers, Directors, Trustees, and Key E<br>Check if the organization used Schedule O to res<br>(a) Name and title<br>Vernon Maddux                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | mployees (list each one<br>cond to any question in th<br>(b) Average<br>hours per week<br>devoted to position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)           | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation      | ee se       | Part IV) (e) Estimated amount of other compensation                                                            |
| Part IV List of Officers, Directors, Trustees, and Key E<br>Check if the organization used Schedule O to res<br>(a) Name and title<br>Vernon Maddux<br>Vice President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | mployees (list each one<br>bond to any question in th<br>(b) Average<br>hours per week                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | even if not compensate<br>nis Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)                                       | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and                               | ee se       | Part IV)                                                                                                       |
| Part IV List of Officers, Directors, Trustees, and Key E<br>Check if the organization used Schedule O to resp<br>(a) Name and title<br>Vernon Maddux<br>Vice President<br>Rob Million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | mployees (list each one<br>bond to any question in th<br>(b) Average<br>hours per week<br>devoted to position<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0      | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation      | e los for f | Part IV) (e) Estimated amount of other compensation 0                                                          |
| Part IV<br>List of Officers, Directors, Trustees, and Key E<br>Check if the organization used Schedule O to resp<br>(a) Name and title<br>Vernon Maddux<br>Vice President<br>Rob Million<br>President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | mployees (list each one<br>cond to any question in th<br>(b) Average<br>hours per week<br>devoted to position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)           | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation      | ee se       | Part IV) (e) Estimated amount of other compensation                                                            |
| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to response         (a) Name and title         Vernon Maddux         Vice President         Rob Million         President         Sue Schrems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | mployees (list each one<br>bond to any question in th<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0      | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation      | )           | Part IV) (e) Estimated amount of other compensation 0 0                                                        |
| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to response         (a) Name and title         Vernon Maddux         Vice President         Rob Million         President         Sue Schrems         Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | mployees (list each one<br>bond to any question in th<br>(b) Average<br>hours per week<br>devoted to position<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0      | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation      | e los for f | Part IV) (e) Estimated amount of other compensation 0                                                          |
| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to response         (a) Name and title         Vernon Maddux         Vice President         Rob Million         President         Sue Schrems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | mployees (list each one<br>bond to any question in th<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0      | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation      | )           | Part IV) (e) Estimated amount of other compensation 0 0                                                        |
| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to response         (a) Name and title         Vernon Maddux         Vice President         Rob Million         President         Sue Schrems         Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | mployees (list each one<br>bond to any question in th<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0      | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation<br>( | )           | Part IV) (e) Estimated amount of other compensation 0 0                                                        |
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| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to respect to the organization use | mployees (list each one<br>cond to any question in the<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0 | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation<br>( | be          | Part IV) (e) Estimated amount of other compensation 0 0 0                                                      |
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| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to respect to the organization use | mployees (list each one<br>cond to any question in the<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0 | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation<br>( | be          | Part IV) (e) Estimated amount of other compensation 0 0 0                                                      |
| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to respect to the organization use | mployees (list each one<br>cond to any question in the<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0 | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation<br>( | be          | Part IV) (e) Estimated amount of other compensation 0 0 0                                                      |
| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to respect to the organization use | mployees (list each one<br>cond to any question in the<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0 | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation<br>( | be          | Part IV) (e) Estimated amount of other compensation 0 0 0                                                      |
| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to respect to the organization use | mployees (list each one<br>cond to any question in the<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0 | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation<br>( | be          | Part IV) (e) Estimated amount of other compensation 0 0 0                                                      |
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| Part IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to respect to the organization use | mployees (list each one<br>cond to any question in the<br>(b) Average<br>hours per week<br>devoted to position<br>5.00<br>5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | even if not compensate<br>his Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0 | d - see the instruction<br>(d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation<br>( | be          | Part IV) (e) Estimated amount of other compensation 0 0 0                                                      |

Form 990-E2

|      | 390-EZ (2020) CLEVELAND COUNTY HISTORICAL SOCIETY 73-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 051970         |       |                           |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|---------------------------|
| Pa   | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | It    | em 1.                     |
|      | 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                         |
| 35 a | 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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |       | x                         |
|      | 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                         |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |       | 6 a                       |
|      | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 37b            |       | x                         |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.1.1.1        |       |                           |
|      | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |       |                           |
| а    | Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |       |                           |
|      | Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and a star     |       |                           |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |       |                           |
|      | section 4911 > ; section 4912 > ; section 4955 >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | 1.4.3 |                           |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 00000000000000 | -     | C2000 11.1976/946         |
|      | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L              | -     |                           |
| 42 a | The organization's books are in care of 🕨 Sue Schrems Telephone no. 🕨 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5-364-9        | 647   |                           |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3069           |       |                           |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | Yes   | No                        |
|      | 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |       |                           |
| С    | At any time during the calendar year, did the organization maintain an office outside the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | . 42c          |       | x                         |
|      | If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       | <u></u>                   |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |       |                           |
|      | and sub- the second of the second state of the | 43             |       |                           |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Yes   | No                        |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | 100   |                           |
|      | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NOTE:          |       | ^                         |
|      | completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 44b            | No.   | v                         |
| с    | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | -     | X                         |
|      | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | . 440          |       | X                         |
|      | explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |       | Contraction of the second |
| 45 2 | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |       |                           |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 45a            |       | X                         |
| M    | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ana. anti      |       |                           |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4.51           |       | STREET.                   |
| EE   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 0 575 | X                         |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Form 99        | V-E2  | 119                       |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |       |                           |

| Market will 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 sued Schedule O to respond to any question in this Part VI         47       Did the organization assed is action 50(h) decision in effect during the tax         48       Is the organization assed is action 170(b)(1/k/0/21 fires," complete Schedule C, Part II         49       Did the organization assed is action 170(b)(1/k/0/21 fires," complete Schedule E         41       Is the organization assed is acciden 320 organization?         42       If "res," was the table for the organization as which assesting the organization assed is acciden 320 organization?         43       If "res," was the organization should be related organization?         44       If "res," was the related organization is the lighter compensated employees (other than officer, functions, trustees and key employees (who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."         (a) Nene and balance address of each englogee       (b) Area cardinated compensated in the second explored is contractors who each received more than \$100,000 of compensated in contractors who each received more than \$100,000 of compensated in the second explored is contractors who each received more than \$100,000 of compensated in the res none."         10       Total number of other employees paid over \$100,000 of compensated in contractors who each received more than \$100,000 of compensated in the res none."       (b) Type of service       (c) Compensation                                                                                                                                                                                                                                                                                                                                                                                                                   | Form 990-EZ | (2020) CLEVELAND COUN                                 | TY HISTORICAL SOC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IETY                         |                      | 73-1           | 051970                                                                                                          |            |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|----------------|-----------------------------------------------------------------------------------------------------------------|------------|------|
| to candidate for path office?         Press, "complete Schedule C, Part I         46           Part WI         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           47         Did the organization of backing others in the section 170(b)(1)(A)(0)? If "tes," complete Schedule C, Part I         Yes         Yes           48         Did the organization many actions association as a section 527 (b) (1)(A)(0)? If "tes," complete Schedule C, Part I         Yes         Yes           49         Did the organization mode any complex Schedule C, Part I         If the organization mode any complex Schedule C, Part I         Yes           40         If the organization mode any complex Schedule C, Part I         Yes         Yes           40         Did the organization mode any complex Schedule C, Part I         Yes         Yes           50         Complex the table for the organization?         48a         Hest         Hest <td< td=""><td>40 014</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Iten</td><td>า 1.</td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 40 014      |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 | Iten       | า 1. |
| Mail 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 (D to respond to any question in this Part VI         47       Did the organization assed as described in section 500(h) decidion in effect during the tax year? If "Pes," complete Schedule C, Part II       Yes         48       Is the organization assed as described in section 500(h) (MOV)? If "Pes," complete Schedule E       42         49       Did the organization assed as described in section 700(h)(MOV)? If "Pes," complete Schedule E       43         50       Complete this table for the organization is a weaton 527 organization?       439         60       There are table organization as weat as eaction 500(h) of compression from the organization?       439         60       There are table organization is the fighter componated employees (other than officer, functers, trustees and key employees) who each received more than \$100,000 of compression from the organization. If there is none, enter "None."       (e) Heart bandia (e) (e) (e) Heart bandia (e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 46 Did t    | the organization engage, directly or indirectly, i    | n political campaign activitie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s on behalf of or in oppos   | ition                |                |                                                                                                                 |            |      |
| All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.<br>Check if the organization used Schedule O to respond to any question in this Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part VI     | Section 501(c)(3) Organization                        | Schedule C, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | <u></u>              |                | 46                                                                                                              |            | X    |
| S0 and 51.       Check if the organization used Schedule O to respond to any question in this Part VI         47       Did the organization and/out is on have a section 50(h) decision in effect during the tax year? If "Pes," complete Schedule C, Part II       Yes         48       Is the organization as action is action 170(b)(1)(//0)? If "Pes," complete Schedule E       48         49       Did the organization as accion 527 organization?       48         50 complete this table for the organization is excluen 170(b)(1)(//0)? If "Pes," complete Schedule E       48         60 complete table for the organization is excluen 170(b)(1)(//0)? If "Pes," complete Schedule E       48         60 complete table for the organization is excluen 170(b)(1)(//0)? If "Pes," complete Schedule E       48         60 complete table for the organization is the factor organization?       48         60 have and time frame englose       (P) Areas         (a) have and time frame englose       (P) Areas         (b) have and time frame englose       (P) Areas         (c) have and time frame englose       (P) Areas         (d) table for the organization. If there is none, enter "None,"         10       Complete this table for the organization. If there is none, enter "None,"         10       (P) have and table for the organization. If there is none, enter "None,"         11       Complete table for the organization fore hidependent contractors who each received more tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | i dic i i   | All section 501(c)(3) organization                    | s only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ione 17 10h and 5            | 0 and some           | late the       | 4-1-1 C                                                                                                         |            |      |
| Check if the organization used Schedule O to respond to any question in this Part VI  Type To Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax type of the organization asked as described in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0)? If "%e," complete Schedule E  Type of the organization asked askeribed in section 170(b)(1)(0)(0) of compensation 100 the organization. If there is none, enter "Nore."  Type of the organization asked askeribed in section 170(b)(1)(0)(0) of compensation 100 the organization. If there is none, enter "Nore."  Type of the organization from the organization. If there is none, enter "Nore."  Type of the organization from the organization. If there is none, enter "Nore."  Type of the organization organization. If there is none, enter "Nore."  Type of the organization of each engenization. If there is none, enter "Nore."  Type of the organization of each engenization. If there is none, enter "Nore."  Type of the organization of each engenization. If there is none, enter "Nore."  Type of the organization of each engenization. If there is none, enter "Nore."  Type of the organization complete Schedule A? Note: All section 501(0)(0) organizations must attach a complete Sche  |             | 50 and 51.                                            | is must answer quest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10115 47 - 490 8110 0        | z, and comp          | nete the       | tables for                                                                                                      | lines      |      |
| 47       Did the organization engage in lobbying activities or have a section S01(h) election in effect during the tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                       | chedule O to respond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to any question in           | this Part \//        |                |                                                                                                                 |            |      |
| 47       Did the organization engage in lobbying activities or have a section 501(f) election in effect during the tax       47       1         48       Is the organization engage in lobbying activities or have a section 501(f) (A)(0)? If "Yes," complete Schedule E       43       44         49       Did the organization a section is described in section 170(b)(f)(A)(0)? If "Yes," complete Schedule E       43       44         49       Did the organization a section is to an exemption-charitable related organization?       45       45         50       Complete this table for the organization is we highest componated employees (other than offices, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None,"       (e) Name and tis of each employees       (f) Alonge (f) Name and tis of each employees and operation is ended to postion       (f) Name and tis of each employees and over \$100,000       (f) Alonge (f) Name and tis of each employees and over \$100,000       (f) Name and tis of each employees and over \$100,000       (f) Name and table of each employees and over \$100,000       (f) Total number of other employees and over \$100,000       (g) Name and tables as attems of each highend contractors       (g) Type of endoce       (g) Compensation         50       Complete this table for the organization. If there is none, enter "None,"       (g) Name and tables as attems of each highended contractors       (g) Type of endoce       (g) Compensation         51       Complete this table for the organiza                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to any question in           | and a art vi         |                |                                                                                                                 |            | No   |
| year/If Tree," complete Schedule C, Part II     47       48     Is the organization a school associated associated in section 1700(r)(1)(A)(0)? If "Yes," complete Schedule E     43       49     Did the organization a school associated and section in 200 (r)(1)(A)(0)? If "Yes," complete Schedule E     43       49     Did the organization make any transfers to an exemption-charitable related organization?     43       49     Complete this table for the organization from the organization.     (f) Heart hordit, completed Schedule C, None."       (a) Name and the deex envioy.ee     (f) Associate (f) Heart hordit, completed Schedule C, None."     (f) Heart hordit, completed Schedule C, None."       (a) Name and the deex envioy.ee     (f) Associate (f) Heart hordit, completed Schedule C, None."     (f) Heart hordit, completed Schedule C, None."       (a) Name and the deex envioy.ee     (f) Associate (f) Partit hordit, completed Schedule C, None."     (f) Heart hordit, completed Schedule C, None."       (f) Total number of other employees paid over \$100,000     (h) Type of service     (g) Completed Integendent contractors who each received more than \$100,000 of compensated independent contractors who each received more than \$100,000 of compensated independent contractors who each received more than \$100,000 of compensated independent contractors each receiving over \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 47 Did t    | the organization engage in lobbying activities of     | or have a section 501(h) elec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tion in effect during the ta | ix                   |                |                                                                                                                 | 103        | NO   |
| 48       Is the organization action a school as described in section 1700(1/)(0)(1/)(0)(1/)(0)(1/)(0)(1/)(0)(1/)(0)(0)       Image: complete 3: School as a school as described in section 1700(0)(1/)(0)(0)(1/)(0)(0)       Image: complete 3: School as a school as described in section 152? organization?       Image: school as a school as described in section 1700(0)(1/)(0)(0)       Image: school as a school as described in section 152? organization?       Image: school as a school as described in section 152? organization?       Image: school as a school as described in section 152? organization?       Image: school as a school as described in section 152? organization?       Image: school as a school as described in section 152? organization?       Image: school as a school as described in section 152? organization?       Image: school as a school as described in section 152? organization?       Image: school as a school as described in section 152? organization?       Image: school as a school as described in school as a school as                                                                                                                                                      |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                | 47                                                                                                              |            | x    |
| 49a       Did the organization make any transfers to an exempt non-charitable related organization?       49a       49a         49b       Diffyes, was the related organization as second non-charitable related organization?       49a       49b         50       Complete this table for the organization is two highest componsated 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 tise of each employee       (b) Random testing of each employee of the organization is excluded to period       (c) Random testing of each employee of the organization is excluded to period       (c) Random testing of each employee of the organization is excluded to period       (c) Random testing of each employee of the organization is excluded to period       (c) Random testing of each employee of the organization is excluded to period       (c) Random testing of each employee of each employee of the organization is excluded to period       (c) Random testing of each employee of each employee of each employee of each employee of the organization is excluded to period       (c) Random testing of each employee of each emp                                                                                                                                                                                                                                    | 48 Is the   | e organization a school as described in section       | n 170(b)(1)(A)(ii)? If "Yes," c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | omplete Schedule E           |                      |                |                                                                                                                 |            | x    |
| b       If "Yes", was the related organization as section 527 organization?       48b         50       Complete this table for the organization is the highest componentiated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation irom the organization. If there is none, enter "None."       (e) Name and tise of each employee       (b) Average (c) Reportation (companies of the compensation companies of the companies of companies companies of companies of companies of companies of c                                                                                                       | 49a Did t   | the organization make any transfers to an exer        | mpt non-charitable related or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rganization?                 |                      |                | 49a                                                                                                             |            | x    |
| 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 encloyee (b) Average (c) Reporting ( |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                | 49b                                                                                                             |            |      |
| (a) Name and Usis of each employee       (b) Avange to comparation comparation (prome V-2/108-MSC)       (c) Reportation (comparation comparation (prome V-2/108-MSC)       (c) Estimated anound comparation (prome V-2/108                                                                                                                                                                                                                                                                                                      | 50 Com      | plete this table for the organization's five high     | est compensated employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | other than officers, dire    | ctors, trustees a    | nd key         |                                                                                                                 |            |      |
| (a) Name and Site of each employee       hours per week device to position       compensator (Forms W-2/000-MISC)       compensator (Forms W-2/000-MISC)         NONE       Image: state of each employee spaid over \$100,000         f       Total number of other employees paid over \$100,000       Image: state of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (c) Compensation         (a) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."       (c) Compensation         (d) Total number of other independent contractors each receiving over \$100,000       Image: state of each independent contractors each receiving over \$100,000       Image: state of each independent contractors each receiving over \$100,000         S10 Dub of painization complete Schedule A? Note: All section S10(c)(3) organizations must attach a complete Schedule A? Note: All section S10(c)(3) organizations and statements and to the best of my knowledge and balled, it is thate, complete Schedule A? Note: All section of all information of which preparer has any knowledge.       Image: State of the organization of parer (ther than office) is based on all information of which preparer has any knowledge.         Sign       Rob Million fees       Peeparer's signature       Date       Date       Date                                                                                                                                                                                                                                                                                                                                                                                                 | empl        | loyees) who each received more than \$100,00          | 00 of compensation from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | organization. If there is a  | none, enter "Nor     | ne."           |                                                                                                                 |            |      |
| Induit bit week     Double bit week     Compensation       MONTE     devoted to position     (Parme W-2/100-MBC)     benefit plans, and sidering     other componention       NONTE     image: status     image: status     (Parme W-2/100-MBC)     image: status     image: status     image: status       Image: status     image: status     image: status     (Parme W-2/100-MBC)     image: status     image: status       Image: status     image: status     image: status     image: status     image: status     image: status       Image: status     image: status     image: status     image: status     image: status     image: status       Image: status     image: status     image: status     image: status     image: status     image: status       Image: status     image: status     image: status     image: status     image: status     image: status       Image: status     image: status     image: status     image: status     image: status     image: status       Image: status     image: status     image: status     image: status     image: status     image: status       Image: status     image: status     image: status     image: status     image: status     image: status       Image: status     image: status     image: status     image: status     image: status     <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                       | (b) Average                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (c) Reportable               |                      |                | (a) Estimator                                                                                                   | d omount . |      |
| MONE       Image: State of the state of the image of the state of the                                         |             | (a) Name and title of each employee                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | benefit plans, and   | d deferred     | Contraction of the second s |            |      |
| f       Total number of other employees paid over \$100,000       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                       | devoted to position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Forms W-2/1099-MISC)        | compensa             | tion           |                                                                                                                 |            |      |
| f       Total number of other employees paid over \$100,000       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NONT        |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 N N                        |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE        |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -           |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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         (a) Name and business address of each independent contractor       (b) Type of service       (c) Compensation         NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | f Total     | number of other employees paid over \$100,0           | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | 1                    |                |                                                                                                                 |            |      |
| \$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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nt contractors who each r    | -<br>eceived more th | an             |                                                                                                                 |            |      |
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| NONE       Image: State of the independent contractors each receiving over \$100,000       Image: State of the independent contractors each receiving over \$100,000         d       Total number of other independent contractors each receiving over \$100,000       Image: State of the 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       Image: State of the independent contractors each receiving over \$100,000         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       Rob Million       Date         Rob Million       Date       Chack I if PTIN         PrindType preparer's signature       Date       Chack I if PTIN         Paid       PrindType preparer's signature       Date       Chack I if PTIN         Paid       Deborah G Hughes       Deborah G Hughes       D2-20-2021       self-employed         Print's EIN       Print's EIN       Firm's EIN       Firm's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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 · · · · · · ▶ ▼ 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       Rob Million         Bignetize of officer       Date         Print/Type preparer's name       Preparer's signature         Deborah G Hughes       Peborah G Hughes CPA         Firm's name       Deborah G Hughes CPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | (a) Name and business address of each independent con | tractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (b) Type of servic           | e                    | (c             | ) Compensation                                                                                                  | 1          |      |
| 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 · · · · · · ▶ ▼ 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       Rob Million         Bignetize of officer       Date         Print/Type preparer's name       Preparer's signature         Deborah G Hughes       Peborah G Hughes CPA         Firm's name       Deborah G Hughes CPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
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| completed Schedule A       > Xes       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.       No         Sign       Rob Million       Date       Date         Rob Million, PRESIDENT       Date       Date         Type or print name and title       Print/Type preparer's name       Preparer's signature       Date         Print Type preparer's name       Preparer's signature       Date       Check X if self-employed       P00448510         Firm's name       Deborah G Hughes CPA       Firm's EIN       Firm's EIN       Firm's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| 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 Priod Million, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Preparer Preparer Print G Hughes Print's name Preparer Firm's name Preparer Prep  |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            |      |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here Rob Million, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Preparer Firm's name Deborah G Hughes CPA Firm's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            | 2    |
| Rob Million       Date         Signature of officer       Date         Rob Million, PRESIDENT       Date         Type or print name and title       Print/Type preparer's signature       Date         Paid       Print/Type preparer's name       Preparer's signature       Date       Check X if       PTIN         Peparer       Firm's name       Deborah G Hughes       Deborah G Hughes       D2-20-2021       Firm's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      | iy knowledge   | e and belief, it                                                                                                | is         |      |
| Sign<br>Here     Signature of officer     Date       Rob Million, PRESIDENT<br>Type or print name and title     Date       Print/Type preparer's name     Preparer's signature     Date       Print/Type preparer's name     Preparer's signature     Date       Deborah G Hughes     Deborah G Hughes     D2-20-2021       Firm's name     Deborah G Hughes CPA     Firm's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                       | uncer) is based on an informati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | on of which preparer has an  | y knowledge.         |                |                                                                                                                 |            |      |
| Here     Rob Million, PRESIDENT       Type or print name and title     Print/Type preparer's name       Praid     Print/Type preparer's name     Preparer's signature       Deborah G Hughes     Deborah G Hughes       Firm's name     Deborah G Hughes CPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sign        |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | - Date               |                |                                                                                                                 |            |      |
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| Paid     Deborah G Hughes     Deborah G Hughes     02-20-2021     Check K if     If       Preparer     Firm's name     Deborah G Hughes CPA     586 - 600 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200                                                                                                                |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SAMP                         |                      |                |                                                                                                                 |            |      |
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| Preparer Firm's name Deborah G Hughes CPA Firm's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Paid        | Deborah G Hughes                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 | 10         |      |
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| Finis address 4315 Uxford Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Use Only    | Deveran G magn                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | FILMSEIN             | -              | - 1                                                                                                             | 2.000      |      |
| Norman OK 73072 Phone no. 405-364-1090                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -           |                                                       | And the second se |                              | Phone ac             | 105-3          | 864-1000                                                                                                        |            |      |
| May the IRS discuss this return with the preparer shown above? See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | May the IRS |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            | 0    |
| EEA Form 990-EZ (20)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                      |                |                                                                                                                 |            | _    |

Thank you for your support of the Moore-Lindsay Historical House Museum! We are proud to be a part of Norman's thriving arts and humanities community.

We are so grateful for the support provided by the City of Norman, and we are so lucky to be in a city that recognizes the value of the arts and humanities in building quality of life for its citizens.



# THE SOONER THEATRE OF NORMAN, IN LANNUAL REPORT FY 2020-2021





## LOOKING BACK, PLANNING AHE

This report highlights our most recent completed Fiscal Year, beginning July 1, 2020 and ending June 30, 2021, based on the date it is due to the City of Norman (February 2022). As everyone is well aware, much of the fiscal year (FY2021), looked guite different than years past. We will discuss our policies, guidelines and practices, as well as how we have been and will continue to safely return to programming in our presentation to the council.

## THE NUMBERS TELL THE STORY

Each year, the City of Norman invests \$65,274 in funding for salaries at The Sooner Theatre. This amount represented 9% of our total budget in FY '21, which was \$705,506 (adjusted from original budget of \$920,100 due to pandemic), and 20% of our contributed income, which for FY 2021 was \$330,429.

We are incredibly grateful to the City of Norman for the municipal funding, and want you to know how proud we are to be stewards of this beautiful building.

While only 5601 audience members attended Sooner Theatre events in person during FY '21 due to the closures and social distance and limits on attendance the pandemic caused, they spent, on average, \$44.21 per person in our community, with an economic impact of \$247,620. That number does not include audiences who viewed Sooner Theatre programs online or through our social media channels, which was estimated at 119,806. In addition, parents of the hundreds of students enrolled at The Studio of The Sooner Theatre contribute to Norman revenue by purchasing dance clothes, dance shoes, makeup, hair and wig products and anything else needed, as well as by frequenting restaurants and coffee shops in downtown Norman each week while they wait for students. And, the theatre purchases lumber, fabric and supplies locally to build every set and costume for every show. We also saw 819 enrolled in camps and classes at The Studio of The Sooner Theatre (up from the previous year, but lower than pre-pandemic numbers due to COVID), and \$16,121 given back in scholarships for tuition to 107 students who could otherwise not afford to participate.

According to the Norman Economic Development Coalition, the input from our salary base and contracted instructors, shows an economic impact of nearly \$2,000,000.00 in the community annually. We are so proud of the impact we make on the Norman community and on communities surrounding Norman. And, we are extremely grateful for community. leaders who understand the impact the arts have on our community!

## THE SOONER THEATRE OF NORMAN

The Sooner Theatre is listed on the National Registry of Historic Places and is truly a Norman landmark. The theater building is owned by the City of Norman and the Board and Staff of The Sooner Theatre of Norman Inc., are proud "stewards" of the management and activities of the facility, and have made significant investments of time, effort and resources to assure the survival of The Sooner - Norman's Premier Performing Arts Venue and Academy.

## **OUR MISSION**

The mission of The Sooner Theatre is to change lives, offer diverse perspectives and create a cultural connection to the community through the performing arts and arts education.

## **OUR VISION STATEMENT**

Our vision is to create a space for instilling creativity and passion for the arts, provide a place for students to find their voices, promote inclusion and healing through the arts and elevate the quality of life by providing diverse performing arts opportunities for all ages in our community.

## **OUR FUNCTION STATEMENTS**

**PRESENT** quality theatrical productions

**PROVIDE** quality performing arts instruction for students ages 3-18 **PROVIDE** a quality venue for the presentation of cultural, artistic, educational and community development activities that improve the quality of life for our citizens and to SERVE as an historic anchor for the development of partnerships with other arts and business entities to create a revitalized, downtown arts district for Norman.

## **DIVERSITY MATTERS**

The Sooner Theatre strives to provide programming that is diverse in all aspects. We actively seek ethnic, gender and ability diversity in casting our productions and selecting concert artists. We are diversity conscious in all casting decisions, insuring we are making as diverse decisions as possible while keeping with the intent of the writer and the story we are telling. We welcome ideas in increasing the number of diverse artists, students and audience members in all we pursue. We also work with groups whose clients may be from under-served populations, including the United Way, Transition House, Norman Public Schools and others. We send information on programming and scholarships to all public elementary schools for distribution to all families in the Norman Public Schools. Theatre doesn't work if we cannot tell stories with ALL types of people and characters to and for ALL people.





## THE SOONER THEATRE BOARD OF DIRECTORS

President, Meg Newville, Community Volunteer Vice President, Lindsay Hawkins, OU K-20 Center Treasurer, Matt Robinson, First Fidelity Bank Secretary, Beth Muckala, City of Norman Asst City Attorney Past President, Vicki Worster, Total Compliance

Mark Ledbetter, Armstrong Bank Karen McIntosh-Telford, Don Cies LeAnne Pence, Hey Day Family Fun Center Beth Pepper, Eide Bailly Accounting Shannon Roth, Victoria's The Pasta Shop

Megan Benn, Cooperative Council for Oklahoma School Admin Amanda Ward, Norman Pediatric Dentistry

## **Advisory Members**

Jud Foster, City of Norman Chuck Thompson, Armstrong Bank Tom Cooper, First United Bank Jerry Hargis, Theatre Consultant



## SOONER THEATRE STAFF

Jennifer Heavner Baker, Executive Director Nicki Kraisky, Business Manager (part-time) Anthony Wilkinson, Production Manager Nancy Coggins, PR & Development Director

Darrell Ferguson, Construction Manager Tish Willis, Studio Manager Brandon Adams, House Operations Manager

### **STAFFING**

Our mission, function and program direction have, each year, been approved by the City administration, and Municipal money has been provided for The Sooner to have a firm "base" for staffing the facility, and on which to build its activities. According to Theatre Facts, A Report on Practices and Performances in the American Nonprofit Theatre, a typical theatre our size, with a similar County population, and the same amount of programming will have 10 full time employees. Our current staff manages both The Sooner Theatre and

The Studio of The Sooner Theatre with 5 full-time and 2 part-time employees. We also utilize the Federal Work Study program at OU, when the opportunity arises. The Sooner Theatre utilizes contract labor for teachers, directors, choreographers, music directors, musicians and accompanists.

The Sooner Theatre provides benefits to our employees through Blue Cross Blue Shield of Oklahoma. As you know, the turnover rate in the "nonprofit world" has always been high, and even higher in the "theatre world", so offering benefits to our employees is an incredible feat for our organization. For fiscal year 2019-2020, we paid **\$21,967** in employee benefits (healthcare only), a 3% decrease over the previous fiscal year.

## **USE OF PAST CITY OF NORMAN FUNDING**

Salaries 2003/2004 **\$86,847.27** Salaries 2004/2005 **\$94,534.36** Salaries 2005/2006 **\$108,541.76** Salaries 2006/2007 **\$141,000.00** Salaries 2007-2008 **\$146,473.00** Salaries 2008-2009 **\$187,202.00** Salaries 2009-2010 **\$184,516.00** Salaries 2010-2011 **\$190,950.00** Salaries 2011-2012 **\$194,600.00**  Salaries 2012-2013 **\$168,832.83** Salaries 2013-2014 **\$197,617.35** Salaries 2014-2015 **\$197,425.55** Salaries 2015-2016 **\$195,934.77** Salaries 2016-2017 **\$205,467.27** Salaries 2017-2018 **\$235,314.47** Salaries 2018-2019 **\$243,693.22** Salaries 2019-2020 **\$254,486.07** Salaries 2020-2021 **\$243,408** 

The Municipal money we receive in the amount of **\$65,274** was approximately **27%** of our payroll expenses (FY 2021).

Because we receive this money from the City of Norman, we are able to allocate other funding in our budget to programming that supports underserved populations in our community, including scholarships provided to students who otherwise would be unable to participate in performing arts programs due to cost, training instructors to provide specialized instruction for special needs students, and to participate in partnerships like "Trauma Drama" which helps empower and heal students in our community who have experienced chronic or extreme trauma in their lives through theater and improv exercises. We launched this pilot program in FY '19 in partnership with the Center for Family and Children, The University of Oklahoma's School of Social Work and the Norman Public Schools. This year, we were able to serve students at Norman High School through the program. After we make it through the Pandemic, the plan is to expand that program to Norman North High School and Dimensions Academy as well.

The Sooner Theatre's earned revenue includes tickets to productions and concerts, tuition for classes at our Studio, as well as rentals and concession sales. Percentage of total budget (\$705,506) from ticketing was 13.6%, tuition revenue was 35.2%, rentals and concessions is 4.7%, contributed revenue donations/fundraisers was 46.8% of our total budget.

According to the Norman Economic Development Coalition, the input from our salary base and contracted instructors, shows an **economic impact of nearly \$2,000,000.00** in the community.

## THEATRE ACTIVITY

Our programs serve quality of life needs in the areas of culture, education, theatre and music for an increasing number of citizens.

Our product tells what we stand for, what we want to offer the community and how well we know our business. At The Sooner Theatre, we host professional artists to first-timers and foster performers from 3 years old on up. Our presentations reflect our mission, our image and ultimately, they determine our survival. We embrace the fact that we are not just "Community Theatre" but "Theatre for the Community". While only 5601 people walked through our doors last year and we were able to track ticket sales to 83 Oklahoma zip codes and 12 out-of-state! We hope you agree that The Sooner Theatre grants a major return for City's investment.

In 2002, our Board of Directors approved a programming portfolio consisting of **seven** initiatives.



1. THE MAIN EVENT SERIES is The Sooner Theatre's concert series. 2020-2021 Season: No Concerts (COVID)

Tickets to Main Event concert series shows are based on artist fees and other expenses. Tickets for the FY '20 concert ranged from \$20-\$25.



2. SOONER STAGE PRESENTS is The Sooner Theatre's selfproduced theatrical series.

2020-2021 Season: Mamma Mia (Postponed to 2021-22 due to COVID) Annie, 25th Annual Putnam County Spelling Bee (Postponed to 2022-2023 due to COVID)

Tickets to Sooner Stage Presents Theatrical productions range from \$12.50-\$35 dependent on discounts.



3. THE STUDIO OF THE SOONER THEATRE is The Sooner Theatre's performing arts academy. The Sooner Theatre's Theatre Arts Education program impacts hundreds of children ages 3-18 each year by providing outstanding performing arts education in a warm and welcoming environment. Year-round classes follow the Norman Public Schools schedule. Fall classes begin in September and offer cumulative learning concluding in April. Summer camps are held in June and July.

The Sooner Theatre's education program began in 2003 with one summer camp production that served 30 children. Our total enrollment in 2020-2021 exceeded 800 (down 20% due to COVID) from across the metro area. The program has evolved into year-round performing arts school with training in the areas of musical theatre, acting, improv, voice,

and dance, as well as troupes that perform at various events throughout the community. We offer classes in musical theatre, acting, improv, magic, ballet/jazz, tap, hip-hop, private voice instruction, audition coaching and much more! We also make it a point to bring in experts in our industry to present Master Classes to our students, and have hosted Broadway performers, National Tour performers, TV personalities, Broadway casting directors, and many others. This year's classes and camps were a mix of in-person and virtual options





Studio students have been seen in many regional productions, including the OKC Philharmonic's The Christmas Show, OU productions, singing for the Thunder, Texas Motor Speedway, in many commercials and films and on hit Nickelodeon and Netflix series! Sooner Theatre students were also chosen as the munchkins in the National Tour of The Wizard of Oz, Winthrop in The Music Man in Concert with Shirley Jones, and Studio students

were featured in a walk-on role in the Broadway tour of both Camelot and Waitress.

In January of FY'21, **Studio of The Sooner Theatre students attended the Junior Theatre Festival** in Atlanta for the sixth year, where our students were adjudicated and attended workshops with 6500 theatre students from across the country. **Out of the 127 groups who brought a selection from a Broadway JR show to be adjudicated, The Sooner Theatre was one of just 9 selected to perform a song from their selection on the main stage in front of all 6500 attendees from the United States, United Kingdom, China, New Zealand and Australia!** One of their adjudicators stated, "There must be some 'secret sauce' at that theater in Norman, Oklahoma, we hope you share it with everyone!" They were impressed with all aspects of our students' performance, from skill level, to acting abilities to choreography and so much more!





## **BEYOND THE STAGE**

There is no question that the productions of The Sooner Theatre are magical. The lights, the sound, the costumes, the sets and the talent we are lucky enough to work with - both community theatre and our youth educational productions. But, you might not be aware of all the things that happen **Beyond The Stage**.

## Scholarships

Last fiscal year, The Studio of The Sooner Theatre gave \$16,121 in **scholarships** to students who could otherwise not afford to participate in performing arts classes and camps. This includes awardees of the Laurie McReynalds Memorial Scholarship, which we award by working with local non-profits, counselors and principals at Norman Public Schools elementary schools. This scholarship is awarded to a student from a diverse or underserved background chosen because of either their need for assistance, potential talent or



passion for the arts, or because the student could use some help finding his or her voice.



## **Special Needs Classes**

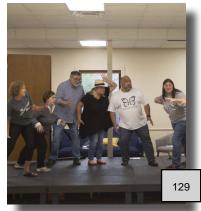
We are excited to offer classes for special needs students. Our **Be My Buddy** class pairs elementary-age students with a student from The Studio's ambassador performance troupes to learn songs and dances. We also have a class whose name says it all - **Fabulous Friday**! This group of teens and adults with Down syndrome will change your outlook on life. They are the most joyful, excited group of people you will ever meet. And, they can

DANCE! Due to the high-risk population we

serve through our special needs programs, only our Fabulous Friday class was offered this year, and it was taught virtually.

## Trauma Drama

We partnered with the Center for Children and Families, the University of Oklahoma's Anne and Henry Zarrow School of Social Work and Norman Public Schools on a program called **Trauma Drama**. This program is designed to work specifically



with students who have experienced major or chronic trauma. As part of a student trou these kids work through their trauma using theatre activities, improv and more. In FY'20, we were able to serve students at Norman High School through the program. When we get past the pandemic, the plan is to expand that program to Norman North High School and Dimensions Academy as well. We cannot wait to grow the program with incredible partners!

Tuition for Studio camps and classes ranges from \$125 for a one-week summer camp to \$550 for a school year production class. **We normally give back approx. 20% of our annual tuition** revenue in scholarships. For fiscal year 2021, total tuition revenue was \$248,304 and **scholarships given totaled \$16,121, which funded 107 instances of tuition and/or fees** over the last year.

## 4. SPECIAL EVENTS

Due to the ongoing pandemic and the need to socially distance and limit contact, we were unable to hold our two fundriaising events for FY 2021 - we were forced to cancel Voice of The Heartland vocal competition and Murder Mystery, resulting in a potential loss of about \$75,000 in contributed income to the theatre.





## **5. RENTAL ACTIVITIES**

Community organizations and individuals have the opportunity to rent the theatre for their activities, meetings or performances. Our rental revenue for 2020-2021 was \$29,450.

Rental rates are approximately \$800-\$1000 per day for use of the theatre. We also rent the Studio event space for \$300-\$1200 per day.

## Example of community rentals

- Antioch Community Church
- Hispanic Flamenco Ballet
- Rocky Horror Picture Show
- Julia's Academy of International Dance
- Norman Chamber of Commerce
- Various Weddings & Engagements
- Pageants
- Norman Music Festival
- Various Dance Recitals
- Transition House's June Bug Jam
- Norman Police Academy
- Norman Film Festival



**6. SOONER CINEMA** is The Sooner Theatre's film and video offerin We do not offer a film series at this time, but normally host several events each year that do show films, including Norman Music Festival, Norman Film Festival, Moore-Norman Technology Center's Red Carpet Film Festival and Earth Rebirth Film Festival (when there is no pandemic).

**7. OUTREACH AND DEVELOPMENT** is our program designed to "give back". In addition to our programming, The Sooner is deeply rooted in the community.

## **Our Outreach and Development includes:**

Partnering with United Way's Celebrity Sing, Citizen's Advisory Council, Norman Convention and Visitors Bureau, The Norman Public School's Gifted Council and the Norman Arts Council. We are represented at the Norman Downtowner's Association, Norman Arts Council's Roundtable, Norman Rotary, the United Way Cabinet, Assistance League, Norman Public Schools PTA and several other organizations.

Our Studio Ambassador Performance Troupes made up of 3rd-12th grade students also perform regularly in the community. These troupes and soloists have performed for thousands of audience members at various events to include: The Norman Music Festival, The Rodeo Opry, The OKC Thunder, OKC Arts Council's Opening Night, OKC Festival of the Arts, The State Fair of Oklahoma, Holiday Open Houses for the Norman Assistance League, Public School assemblies, Devon Arts Day, the 2009 Mayor's Convention, NAC Arts Explosion, The OKC Philharmonic, Allied Arts, The 100th Anniversary of the Depot, Norman Music Festival, Kids for Kids Sake, Earth Day, Texas Motor Speedway, the Andy Roddick Tennis Exposition, Norman's Centennial Follies, Lyric Theatre, Jewel Box Theatre, University of Central Oklahoma, OMEA All State Chorus, Oklahoma City's Centennial Parade, Norman Christmas Parade, Norman Public Schools, Oklahoma Summer Arts Institute, Norman Chamber of Commerce, May Fair, June Bug Jam, The Chocolate Festival, OEC's Annual Meeting and many more!



## We also participate as in-kind donors for community events to include:

- Assistance League
- Community After School Program
- Norman Arts Council
- Toby Keith Foundation
- Le Tour de Vin
- United Way of Norman
- Meals on Wheels
- Among Friends ...an Activity Center for Adults with Special Needs
- Travelers Aid & Homeless Assistance Center
- Norman Regional Hospital
- Blanchard, Purcell, Lexington, Washington and other Public School Systems

- Oklahoma Statewide Independent Living Council
- Cleveland County Family YMCA
- Travelers Aid and Homeless
   Assistance Center
- Norman Public Schools
- Norman Chamber of Commerce
- Meals on Wheels
- United Ministries
- University of Oklahoma
- Oklahoma Youth Orchestra
- Big Brothers Big Sisters
- Cleveland County CASA

As you can see from this list, the programming portfolio is ambitious. It is designed to provide more activities, for more groups and therefore, more audiences. This is a way to maximize Theatre appeal by a broader portion of our community, and to hopefully ensure long term fiscal return.

## AWARDS AND HONORS

- The Sooner Theatre is **one of three** Norman arts organizations who are current Allied Arts member agencies.
- The Sooner Theatre was the **first (and only, so far) arts organization** to have been awarded the Norman Rotary Clubs' Le Tour De Vin and the Impact Oklahoma grants funding capital projects.
- In August 2020, The Sooner Theatre was named as the Oklahoma Center for Non-profits' ONE Award winner for Arts and Humanities.

## **OTHER SOURCES OF INCOME**

In addition to the Municipal money our other sources of income are from our annual Murder Mystery and Voice Of The Heartland Fundraisers, Corporate Sponsorships, Business and personal donations, program advertising, grants from foundations and other granting organizations, ticket revenues from concerts and performances, tuition revenue from our camps and classes and rental fees, both at the theatre and Studio. This year, we also saw relief in the form of funding to help ease the burden of the pandemic from the SBA, Oklahoma State Arts Council, Allied Arts and more. All of these funding efforts helped our **2020-2021 operating budget of \$705,506**.

# Total earned revenue for FY 2021 was \$377,711, which accounted for 54% of our budget. Contributed income made up the remaining 46% of the budget.

"What we put on the stage is not only what the public sees – it is what we are."

# Thank you for all you do to support the programs, productions, concerts and events of The Sooner Theatre!

We are very fortunate to live in a community who understands the value and the impact of the arts on its citizens.

We could not do what we do without you!

#### Sooner Theatre of Norman, Inc. Balance Sheet For the Year Then Ended June 30, 2021

**Accrual Basis** 

|                                                            | Jun 30, 21         |
|------------------------------------------------------------|--------------------|
| ASSETS                                                     |                    |
| Current Assets                                             |                    |
| Checking/Savings                                           |                    |
| Studio Capital Campaign                                    | 50,693.01          |
| Sooner Theatre STARS                                       | 16,338.90          |
| Petty Cash<br>Armetrong Bank Bayroll                       | 650.00             |
| Armstrong Bank Payroll<br>Armstrong Bank-Operations        | 127.03             |
| Amistiong Bank-Operations                                  | 21,745.27          |
| Total Checking/Savings                                     | 89,554.21          |
| Accounts Receivable<br>Accounts Receivable                 | 721.60             |
| Pledges Receivable                                         | 10,000.00          |
| Total Accounts Receivable                                  | 10,721.60          |
| Other Current Assets                                       |                    |
| Other Accounts Receivable                                  | 611.44             |
| Inventory                                                  | 200.00             |
| Prepaid Expenses                                           | 85,428.21          |
| Total Other Current Assets                                 | 86,239.65          |
| Total Current Assets                                       | 186,515.46         |
| Fixed Assets                                               |                    |
| 110 East Main St.                                          | 1,750,779.65       |
| The Studio at the Sooner                                   | 37,496.75          |
| Computer Equipment                                         | 33,784.78          |
| Building Improvements                                      | 168,266.07         |
| Equipment                                                  | 41,679.45          |
| Furniture & Fixtures                                       | 1,939.27           |
| Sound Equipment                                            | 157,363.06         |
| Light Equipment                                            | 137,951.07         |
| Accumulated Depreciation                                   | -503,971.21        |
| Total Fixed Assets                                         | 1,825,288.89       |
| Other Assets                                               |                    |
| CD #617792-Armstrong Bank                                  | 149,451.85         |
| Community Foundation Deposit                               | 2,163.79           |
| Total Other Assets                                         | 151,615.64         |
| TOTAL ASSETS                                               | 2,163,419.99       |
| LIABILITIES & EQUITY<br>Liabilities<br>Current Liabilities |                    |
| Accounts Payable                                           |                    |
| Accounts Payable                                           | 26,443.01          |
| Total Accounts Payable                                     | 26,443.01          |
|                                                            | 20, 110.01         |
| Other Current Liabilities                                  |                    |
| Paycheck Protection Plan                                   | 45,570.00          |
| Direct Deposit Liabilities<br>Gift Certificates Payable    | -7,436.18          |
| Payroll Liabilities                                        | 470.00<br>4,813.94 |
| ·                                                          | 4,013.94           |
| Sales Tax Payable                                          | 1,977.52           |
| Total Other Current Liabilities                            | 45,395.28          |
| Total Current Liabilities                                  | 71,838.29          |

#### Sooner Theatre of Norman, Inc. Balance Sheet For the Year Then Ended June 30, 2021

Accrual Basis

|                                 | Jun 30, 21   |
|---------------------------------|--------------|
| Long Term Liabilities           |              |
| Republic Bank-Loan # 75020415   | 1,115,494.47 |
| Republic - Reno Loan #0410      | 81,500.00    |
| SBA EDIL Disaster Recovery Loan | 149,709.28   |
| Total Long Term Liabilities     | 1,346,703.75 |
| Total Liabilities               | 1,418,542.04 |
| Equity                          |              |
| Net Assets - Unrestricted       | 31,529.71    |
| Retained Earnings               | 710,714.52   |
| Net Income                      | 2,633.72     |
| Total Equity                    | 744,877.95   |
| TOTAL LIABILITIES & EQUITY      | 2,163,419.99 |
|                                 |              |

#### Sooner Theatre of Norman, Inc. Profit & Loss For the Year Then Ended June 30, 2021

| Ordinary Income/Expense<br>Income<br>Sooner Stage Presents         0.00         26,224.49           Studio Production Class         43,86         31,515.75           The Studio Revenue         65,740.75         286,528.19           Concessions         3,463.10         3,992.10           Rental Income         2,925.00         29,460.00           Total Income         72,162.71         377,710.53           Cost of Goods Sold<br>Sooner Stage Presents Costs         0.00         25,876.77           Production Class Costs         248.52         47,784.26           The Studio Costs         33,417.95         145,872.98           Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         2,00.00         2,132.50           Total COGS         37,033.12         266,126.53           Gross Profit         35,129.59         109,584.00           Expense         34,715         2,392.33           Marketing         4,822.86         28,339.91           Bankcard Service Charges         326.40         348.653 <th></th> <th>Jun 21</th> <th>Jul '20 - Jun 21</th> |                           | Jun 21    | Jul '20 - Jun 21 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------|------------------|
| Sooner Stage Presents         0.00         26,224.49           Studio Production Class         43.86         31,515.75           The Studio Revenue         65,740.75         286,528.19           Concessions         3,453.10         3,992.10           Rental Income         2,925.00         29,450.00           Total Income         72,162.71         377,710.53           Cost of Goods Sold         0.00         25,876.77           Production Class Costs         2.48.52         47,784.26           The Studio Costs         33,417.95         145,872.98           Young Producers Costs         0.00         7,185.75           Concessions Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         266,126.53           Gross Profit         35,129.59         109,584.00           Expense         326.40         3,845.03           Global Payment Credit Card Fees         326.40         3,845.03           Global Payment Credit Card Fees         326.40         3,845.03           Global                                                                                      |                           |           |                  |
| The Studio Revenue         66,740.75         286,528.19           Concessions         3,453.10         3,992.10           Rental Income         2,925.00         29,450.00           Total Income         2,925.00         29,450.00           Cost of Goods Sold         0.00         25,876.77           Production Class Costs         0.00         25,876.77           Production Class Costs         33,417.95         145,872.98           Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         268,126.53           Gross Profit         35,129.59         109,584.00           Expense         326.40         3,845.03           Global Payment Credit Card Fees         326.40         3,845.03           Global Payment Credit Card Fees         326.40         3,845.03           Global Payment Credit Card Fees         326.40         3,845.03           Jacktrabit Fees         347.67         2,995.64         28,856.72 <th></th> <th>0.00</th> <th>26,224.49</th>                             |                           | 0.00      | 26,224.49        |
| Concessions         3,453.10         3,992.10           Rental Income         2,925.00         29450.00           Total Income         72,162.71         377,710.53           Cost of Goods Sold         50000         25,876.77           Production Class Costs         248.52         47,784.26           The Studio Costs         33,417.95         145,872.98           Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         268,126.53           Gross Profit         35,129.59         109,584.00           Expense         347.15         2,392.33           Marketing         4,822.86         28,339.91           Bankcard Service Charges         326.40         34850.32           Global Payment Credit Card Fees         957.72         6,730.49           Jackrabit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects                                                                                             | Studio Production Class   | 43.86     | 31,515.75        |
| Rental Income         2,925.00         29,450.00           Total Income         72,162.71         377,710.53           Cost of Goods Sold         0.00         25,876.77           Production Class Costs         248.52         47,784.26           The Studio Costs         33,417.95         145,872.98           Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         266,126.53           Gross Profit         35,129.59         109,584.00           Expense         347.15         2,392.33           Marketing         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabit Fees         347.15         2,395.64         28,656.72           Telephone & Internet         745.07         8,695.27         76,673.49           Jackrabit Fees         347.15         2,395.64                                                                                     | The Studio Revenue        | 65,740.75 | 286,528.19       |
| Total Income         72,162.71         377,710.53           Cost of Goods Sold<br>Sooner Stage Presents Costs         0.00         25,876.77           Production Class Costs         248.52         47,784.26           The Studio Costs         33,417.95         145,872.98           Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         268,126.53           Gross Profit         35,129.59         109,584.00           Expense         326,40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.50           Payroll Expenses         17,420.50         226,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         345.0         917.00           Telephone & Internet         745.07         8,695.27                                                                                     | Concessions               | 3,453.10  | 3,992.10         |
| Cost of Goods Sold<br>Sooner Stage Presents Costs         0.00         25,876.77           Production Class Costs         248.52         47,784.26           The Studio Costs         33,417.95         145,872.98           Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         268,126.53           Gross Profit         35,129.59         100,584.00           Expense         Marketing         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03         Global Payment Credit Card Fees         952.72         6,730.49           Jacktrabbit Fees         347.15         2,392.33         Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00         325.00         326.07           Payroll Expenses         17,420.50         206,247.94         Employee Benefits         2,395.64         28,865.72           Telephone & Internet         745.07         8                                | Rental Income             | 2,925.00  | 29,450.00        |
| Sooner Stage Presents Costs         0.00         25,876.77           Production Class Costs         248.52         47,784.26           The Studio Costs         33,417.95         145,872.98           Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,186.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         266,126.53           Gross Profit         35,129.59         109,584.00           Expense         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.30           Jackrabbit Fees         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,865.72           Telephone & Internet         745.07         8,865.72           Telephone & Internet         745.07         8,865.72           Tele                                                                                     | Total Income              | 72,162.71 | 377,710.53       |
| The Studio Costs         33,417.95         145,872.98           Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         266,126.53           Gross Profit         35,129.59         109,584.00           Expense         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           JacKrabbit Fees         347.15         2,323.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         586.88         3,714.64           Equipment Lease<                                                                                     |                           | 0.00      | 25,876.77        |
| Young Producers Costs         0.00         14,752.10           The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         268,126.53           Gross Profit         35,129.59         109,584.00           Expense         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         345.0         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease                                                                                            | Production Class Costs    | 248.52    | 47,784.26        |
| The Studio Overhead Costs         1,377.05         22,732.57           Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         268,126.53           Gross Profit         35,129.59         109,584.00           Expense         326.40         3,845.03           Marketing         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,732.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Bank Charges         34.50         917.00           Technical Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00         360.00           Office Suppli                                                                                              | The Studio Costs          | 33,417.95 | 145,872.98       |
| Murder Mystery Costs         0.00         7,185.75           Concessions Costs         1,789.60         1,789.60         1,789.60           Rental Costs         200.00         2,132.50           Total COGS         37,033.12         268,126.53           Gross Profit         35,129.59         109,584.00           Expense         Marketing         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03         Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33         Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00         325.00         325.00           Payroll Expenses         17,420.50         206,247.94         206,247.94           Employee Benefits         2,395.64         28,856.72         Telephone & Internet         745.07         8,695.27           Bank Charges         345.0         917.00         105.84         2,675.81           Office Supplies         586.88         3,714.64         Equipment Lease         653.72         8,383.72           Community Outreach         350.00         350.00         70.75.00         9,210.74                                                      | Young Producers Costs     | 0.00      | 14,752.10        |
| Concessions Costs         1,789,60         1,789,60         1,789,60           Rental Costs         200.00         2,132,50           Total COGS         37,033,12         268,126,53           Gross Profit         35,129,59         109,584,00           Expense         4,822,86         28,339,91           Bankcard Service Charges         326,40         3,845,03           Global Payment Credit Card Fees         952,72         6,730,49           Jackrabbit Fees         347,15         2,392,33           Sales Tax         1,733.90         6,847,67           Community Outreach Projects         325,00         325,00           Payroll Expenses         17,420,50         206,247,94           Employee Benefits         2,395,64         28,856,72           Telephone & Internet         745,07         8,695,27           Bank Charges         34,50         917,00           Technical Supplies         105,84         2,675,81           Office Supplies         586,88         3,714,64           Equipment Lease         653,72         8,363,72           Community Outreach         350,00         350,00           Contract Labor         0.00         9,210,74           Custodial Services<                                                                                              | The Studio Overhead Costs | 1,377.05  | 22,732.57        |
| Rental Costs         200.00         2,132.50           Total COGS         37,033.12         268,126.53           Gross Profit         35,129.59         109,584.00           Expense         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease         663.72         8,363.72           Community Outreach         350.00         350.00           Community Outreach         350.00         350.00           Community Outreach         350.00         350.00           Community Outreach         350.00 </th <th>Murder Mystery Costs</th> <th>0.00</th> <th>7,185.75</th>                             | Murder Mystery Costs      | 0.00      | 7,185.75         |
| Total COGS         37,033.12         268,126,53           Gross Profit         35,129.59         109,584.00           Expense         Marketing         4,822.86         28,339.91           Bankcard Service Charges         326,40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347,15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bark Charges         34.50         917.00           Technical Supplies         586,88         3,714.64           Equipment Lease         663.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage                                                                                                      | Concessions Costs         | 1,789.60  | 1,789.60         |
| Gross Profit         35,129.59         109,584.00           Expense<br>Marketing         4,822.86         28,339.91           Bankcard Service Charges<br>Global Payment Credit Card Fees         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         586.88         3,714.64           Equipment Lease         6633.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,212.78         4,371.18           Insurance         0.00         67.60           Rent                                                                                      | Rental Costs              | 200.00    | 2,132.50         |
| Expense         Marketing         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees                                                                                                         | Total COGS                | 37,033.12 | 268,126.53       |
| Marketing         4,822.86         28,339.91           Bankcard Service Charges         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0,00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.80           Rent         0.00         1,320.00 <th>Gross Profit</th> <th>35,129.59</th> <th>109,584.00</th>                                              | Gross Profit              | 35,129.59 | 109,584.00       |
| Bankcard Service Charges         326.40         3,845.03           Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         344.50         917.00           Technical Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513                                                                                                       | •                         |           |                  |
| Global Payment Credit Card Fees         952.72         6,730.49           Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         586.88         3,714.64           Equipment Lease         663.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         0.00         1,389.27           Miscellaneous Expenses         0.00         1,889.27                                                                                                             | Marketing                 | 4,822.86  | 28,339.91        |
| Jackrabbit Fees         347.15         2,392.33           Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27                                                                                                                         | ÷                         |           |                  |
| Sales Tax         1,733.90         6,847.67           Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         1,320.00           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                             | • ,                       |           | •                |
| Community Outreach Projects         325.00         325.00           Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                            |                           |           |                  |
| Payroll Expenses         17,420.50         206,247.94           Employee Benefits         2,395.64         28,856.72           Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                |                           |           |                  |
| Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                               |                           | 17,420.50 | 206,247.94       |
| Telephone & Internet         745.07         8,695.27           Bank Charges         34.50         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                               | Employee Benefits         | 2.395.64  | 28,856,72        |
| Bank Charges         34.50         917.00           Technical Supplies         105.84         2,675.81           Office Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                              | Telephone & Internet      | 745.07    | ,                |
| Office Supplies         586.88         3,714.64           Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Bank Charges              | 34.50     | 917.00           |
| Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Technical Supplies        | 105.84    | 2,675.81         |
| Equipment Lease         653.72         8,363.72           Community Outreach         350.00         350.00           Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Office Supplies           | 586.88    | 3,714,64         |
| Contract Labor         0.00         9,210.74           Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Equipment Lease           |           | •                |
| Custodial Services         750.00         7,075.00           Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Community Outreach        | 350.00    | 350.00           |
| Dues and Licenses         1,212.78         4,371.18           Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |           | 9,210.74         |
| Insurance         1,411.59         27,133.09           Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |           |                  |
| Postage         65.40         312.39           Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |           |                  |
| Professional Fees         0.00         67.60           Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Insurance                 | 1,411.59  | 27,133.09        |
| Rent         0.00         1,320.00           Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |           |                  |
| Theatre Expenses         1,953.59         7,513.97           Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |           |                  |
| Miscellaneous Expenses         0.00         1,889.27           Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |           |                  |
| Total Expense         36,193.54         367,194.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ·                         |           |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |           |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                         |           | ·····            |

### Sooner Theatre of Norman, Inc. **Profit & Loss** For the Year Then Ended June 30, 2021

|                                 | Jun 21    | Jul '20 - Jun 21 |
|---------------------------------|-----------|------------------|
| Other Income/Expense            |           |                  |
| Other Income                    |           |                  |
| SBA/PPP Loan Forgiveness        | 0.00      | 46,600.00        |
| Other Income                    | 0.00      | 731.70           |
| Grant Income                    | 0.00      | 186,453.00       |
| Advertising Income              | 1,962.50  | 3,372.50         |
| Voice of the Heartland Fundrais | 0.00      | 33.93            |
| STARS Fundraiser                | 0.00      | 4,829.84         |
| Board Donations                 | 0.00      | 950.00           |
| Friends Donations               | 1,962.49  | 80,772.08        |
| Interest Income                 | 154.08    | 1,878.15         |
| Miscellaneous Income            | 128.00    | 983.03           |
| Refund                          | 0.00      | 3,824.54         |
| Total Other Income              | 4,207.07  | 330,428.77       |
| Other Expense                   |           |                  |
| Studio Capital Campaign Expense | 0.00      | 200.00           |
| STARS Fundraiser COS            | 0.00      | 7,670.49         |
| Interest Expense                | 4,813.47  | 60,563.79        |
| Fundraising Expense             | 0.00      | 1,750.00         |
| Total Other Expense             | 4,813.47  | 70,184.28        |
| Net Other Income                | -606.40   | 260,244.49       |
| et Income                       | -1,670.35 | 2,633.72         |

#### SOONER THEATRE of NORMAN, INC. Annual Budget-Accrual Basis For the Year Ended June 30, 2021

|                           | Year to Date | Annual     |              |
|---------------------------|--------------|------------|--------------|
|                           | Actual       | Budget     | Variance     |
| Total Revenues            | 377,710.53   | 701,900.00 | (324,189.47) |
| Less Total Costs          | 268,126.53   | 463,030.00 | (194,903.47) |
| Total Gross Profit        | 109,584.00   | 238,870.00 | (129,286.00) |
| Total Other Income        | 330,428.77   | 218,230.00 | 112,198.77   |
| Less Total Overhead Costs | 437,379.05   | 457,100.00 | (19,720.95)  |
| Total Profit or (Loss)    | 2,633.72     | 0.00       | 2,633.72     |
|                           |              |            |              |

#### SOONER THEATRE of NORMAN, INC. Overhead Costs and Other Income Annual Budget-Accrual Basis For the Year Ended Ended June 30, 2021

| 17,565.05<br>17,539.61<br>8,695.27<br>28,339.91<br>65,239.21<br>37,379.05<br>3,845.03<br>6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.000<br>9,210.74<br>7,075.00<br>312.39<br>67.60 |                                          | 224,000.00<br>16,500.00<br>9,000.00<br>46,000.00<br>161,600.00<br>457,100.00<br>2,000.00<br>2,000.00<br>14,000.00<br>500.00<br>10,000.00<br>7,000.00<br>0.00<br>10,000.00<br>10,000.00<br>5,000.00 | (6,434.9<br>1,039.6<br>(304.7<br>(17,660.0<br>3,639.2<br>(19,720.9                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 17,539.61<br>8,695.27<br>28,339.91<br>55,239.21<br>37,379.05<br>3,845.03<br>6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0,000<br>9,210.74<br>7,075.00<br>312.39                       |                                          | 16,500.00<br>9,000.00<br>46,000.00<br>161,600.00<br>457,100.00<br>9,000.00<br>2,000.00<br>14,000.00<br>10,000.00<br>7,000.00<br>10,000.00<br>10,000.00<br>5,000.00                                 | 1,039.6<br>(304.7<br>(17,660.0<br>3,639.2                                                                             |
| 17,539.61<br>8,695.27<br>28,339.91<br>55,239.21<br>37,379.05<br>3,845.03<br>6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0,000<br>9,210.74<br>7,075.00<br>312.39                       |                                          | 16,500.00<br>9,000.00<br>46,000.00<br>161,600.00<br>457,100.00<br>9,000.00<br>2,000.00<br>14,000.00<br>10,000.00<br>7,000.00<br>10,000.00<br>10,000.00<br>5,000.00                                 | 1,039.6<br>(304.7<br>(17,660.0<br>3,639.2                                                                             |
| 8,695.27<br>28,339.91<br>55,239.21<br>37,379.05<br>3,845.03<br>6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                     |                                          | 9,000.00<br>46,000.00<br>161,600.00<br>457,100.00<br>9,000.00<br>2,000.00<br>14,000.00<br>10,000.00<br>7,000.00<br>10,000.00<br>10,000.00<br>10,000.00<br>5,000.00                                 | (304.7<br>(17,660.0<br>3,639.2                                                                                        |
| 28,339.91<br>55,239.21<br>37,379.05<br>3,845.03<br>6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                 |                                          | 46,000.00<br>161,600.00<br>457,100.00<br>8,500.00<br>9,000.00<br>2,000.00<br>14,000.00<br>1500.00<br>10,000.00<br>7,000.00<br>10,000.00<br>10,000.00<br>5,000.00                                   | (17,660.0<br>3,639.2                                                                                                  |
| 55,239,21<br>37,379,05<br>3,845,03<br>6,730,49<br>2,392,33<br>6,847,67<br>917,00<br>2,675,81<br>3,714,64<br>8,363,72<br>0,00<br>0,00<br>9,210,74<br>7,075,00<br>312,39                                                              |                                          | 161,600.00<br>457,100.00<br>9,000.00<br>2,000.00<br>14,000.00<br>1500.00<br>10,000.00<br>7,000.00<br>0.00<br>100.00<br>10,000.00<br>5,000.00                                                       | 3,639.2                                                                                                               |
| 3,845.03<br>6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                        |                                          | 457,100.00<br>8,500.00<br>9,000.00<br>2,000.00<br>14,000.00<br>1500.00<br>10,000.00<br>7,000.00<br>100.00<br>10,000.00<br>5,000.00                                                                 |                                                                                                                       |
| 3,845.03<br>6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.000<br>9,210.74<br>7,075.00<br>312.39                                                                                       |                                          | 8,500.00<br>9,000.00<br>2,000.00<br>14,000.00<br>500.00<br>10,000.00<br>7,000.00<br>0.00<br>10,000.00<br>5,000.00                                                                                  |                                                                                                                       |
| 6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                    |                                          | 9,000.00<br>2,000.00<br>14,000.00<br>500.00<br>10,000.00<br>7,000.00<br>0.00<br>100.00<br>10,000.00<br>5,000.00                                                                                    |                                                                                                                       |
| 6,730.49<br>2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                    |                                          | 9,000.00<br>2,000.00<br>14,000.00<br>500.00<br>10,000.00<br>7,000.00<br>0.00<br>100.00<br>10,000.00<br>5,000.00                                                                                    |                                                                                                                       |
| 2,392.33<br>6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                                |                                          | 2,000.00<br>14,000.00<br>500.00<br>1,500.00<br>7,000.00<br>7,000.00<br>0.00<br>100.00<br>10,000.00<br>5,000.00                                                                                     |                                                                                                                       |
| 6,847.67<br>917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                                                    |                                          | 14,000.00<br>500.00<br>1,500.00<br>7,000.00<br>0.00<br>100.00<br>10,000.00<br>5,000.00                                                                                                             |                                                                                                                       |
| 917.00<br>2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                                                        |                                          | 500.00<br>1,500.00<br>7,000.00<br>0.00<br>100.00<br>10,000.00<br>5,000.00                                                                                                                          |                                                                                                                       |
| 2,675.81<br>3,714.64<br>8,363.72<br>0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                                                                  |                                          | 1,500.00<br>10,000.00<br>7,000.00<br>100.00<br>10,000.00<br>5,000.00                                                                                                                               |                                                                                                                       |
| 3,714.64<br>8,363.72<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                                                                                      |                                          | 10,000.00<br>7,000.00<br>0.00<br>100.00<br>10,000.00<br>5,000.00                                                                                                                                   |                                                                                                                       |
| 8,363.72<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                                                                                                  |                                          | 7,000.00<br>0.00<br>100.00<br>10,000.00<br>5,000.00                                                                                                                                                |                                                                                                                       |
| 0.00<br>0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                                                                                                      |                                          | 0.00<br>100.00<br>10,000.00<br>5,000.00                                                                                                                                                            |                                                                                                                       |
| 0.00<br>9,210.74<br>7,075.00<br>312.39                                                                                                                                                                                              |                                          | 100.00<br>10,000.00<br>5,000.00                                                                                                                                                                    |                                                                                                                       |
| 9,210.74<br>7,075.00<br>312.39                                                                                                                                                                                                      |                                          | 10,000.00<br>5,000.00                                                                                                                                                                              |                                                                                                                       |
| 7,075.00<br>312.39                                                                                                                                                                                                                  |                                          | 5,000.00                                                                                                                                                                                           |                                                                                                                       |
| 312.39                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                                    |                                                                                                                       |
|                                                                                                                                                                                                                                     |                                          |                                                                                                                                                                                                    | 1 1                                                                                                                   |
| 67.60                                                                                                                                                                                                                               |                                          | 500.00                                                                                                                                                                                             |                                                                                                                       |
|                                                                                                                                                                                                                                     |                                          | 7,500.00                                                                                                                                                                                           |                                                                                                                       |
| 675.00                                                                                                                                                                                                                              |                                          | 2,000.00                                                                                                                                                                                           |                                                                                                                       |
| 0.00                                                                                                                                                                                                                                |                                          | 500.00                                                                                                                                                                                             |                                                                                                                       |
| 713.03                                                                                                                                                                                                                              |                                          | 1,500.00                                                                                                                                                                                           |                                                                                                                       |
| 2,565.19                                                                                                                                                                                                                            | Π                                        | 1,500.00                                                                                                                                                                                           |                                                                                                                       |
| 4,235.75                                                                                                                                                                                                                            |                                          | 6,000.00                                                                                                                                                                                           |                                                                                                                       |
| 1,889.27                                                                                                                                                                                                                            |                                          | 5,000.00                                                                                                                                                                                           |                                                                                                                       |
| 4,371.18                                                                                                                                                                                                                            |                                          | 3,500.00                                                                                                                                                                                           |                                                                                                                       |
| 27,133.09                                                                                                                                                                                                                           |                                          | 23,000.00                                                                                                                                                                                          |                                                                                                                       |
| 50,563.79                                                                                                                                                                                                                           |                                          | 40,000.00                                                                                                                                                                                          |                                                                                                                       |
| 1,320.00                                                                                                                                                                                                                            |                                          | 2,000.00                                                                                                                                                                                           |                                                                                                                       |
|                                                                                                                                                                                                                                     |                                          |                                                                                                                                                                                                    |                                                                                                                       |
| 0.00                                                                                                                                                                                                                                |                                          | 0.00                                                                                                                                                                                               |                                                                                                                       |
| 1,950.00                                                                                                                                                                                                                            |                                          | 0.00                                                                                                                                                                                               |                                                                                                                       |
|                                                                                                                                                                                                                                     | 1                                        | 1.000.00                                                                                                                                                                                           |                                                                                                                       |
| 0.00                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                    | 1 1                                                                                                                   |
|                                                                                                                                                                                                                                     | 1,320.00<br>7,670.49<br>0.00<br>1,950.00 | 1,320.00       7,670.49       0.00       1,950.00                                                                                                                                                  | 1,320.00         2,000.00           7,670.49         0.00           0.00         0.00           1,950.00         0.00 |

For Discussion Purposes Only

#### SOONER THEATRE of NORMAN, INC.

**Overhead Costs and Other Income** 

Annual Budget-Accrual Basis For the Year Ended Ended June 30, 2021

| Other Income             |            |            |  |
|--------------------------|------------|------------|--|
| City of Norman           | 65,274.00  | 65,000.00  |  |
| Allied Arts              | 39,100.00  | 14,000.00  |  |
| Grant Income             | 82,079.00  | 60,000.00  |  |
| PPP Grant Forgiveness    | 46,600.00  |            |  |
| Advertising Income       | 3,372.50   | 20,000.00  |  |
| Sponsorships & Donations | 80,772.08  | 56,030.00  |  |
| Board Donations          | 950.00     | 1,500.00   |  |
| Interest Earned          | 1,878.15   | 1,000.00   |  |
| STARS Income             | 4,829.84   | 0.00       |  |
| Miscellaneous Income     | 5,123.27   | 200.00     |  |
| Other Show Income        | 416.00     | 500.00     |  |
| Total Other Income       | 330,394.84 | 218,230.00 |  |
| Other Shows P & L        | 0.00       |            |  |
| Revenue                  | 0.00       |            |  |
| Costs                    | 0.00       |            |  |
| Profit (Loss)            | 0.00       |            |  |
|                          |            |            |  |
|                          |            |            |  |

#### SOONER THEATRE of NORMAN, INC. Main Event Annual Budget-Accrual Basis For the Year Ended June 30, 2021

| Concert # 1-TBD        |              |            |            | Concert #2-TBD |           |             | Concert #3-TBD |           |             |              | 1          |             | Main Even |
|------------------------|--------------|------------|------------|----------------|-----------|-------------|----------------|-----------|-------------|--------------|------------|-------------|-----------|
| Main Event Series      | Year-To-Date | Annual     | Variance   | Year-To-Date   | Annual    | Variance    | Year-To-Date   | Annual    | Variance    | Year-To-Date | Annual     | Variance    | Totals    |
|                        | Actual       | Budget     |            | Actual         | Budget    |             | Actual         | Budget    |             | Actual       | Budget     |             |           |
| Revenues               |              |            |            |                |           |             |                |           |             |              |            |             |           |
| Ticket Sales           | 0.00         | 4,500.00   | (4,500.00) | 0.00           | 15,000.00 | (15,000.00) | 0.00           | 15,000.00 | (15,000.00) | 0.00         | 34,500.00  | (34,500.00) | 0.00      |
| Season Tickets         | 0.00         | 0.00       | 0.00       | 0.00           | 0.00      | 0.00        | 0.00           | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Other Income           | 0.00         | 0.00       | 0.00       | 0.00           | 0.00      | 0.00        | 0.00           | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Total Revenues         | 0.00         | 4,500.00   | (4,500.00) | 0.00           | 15,000.00 | (15,000.00) | 0.00           | 15,000.00 | (15,000.00) | 0.00         | 34,500.00  | (34,500.00) | 0.00      |
| Production Costs       | _            |            |            |                |           |             |                |           |             |              |            |             |           |
| Artist Fees            | 0.00         | 5,000.00   | (5,000.00) | 0.00           | 12,000.00 | (12,000.00) | 0.00           | 12,000.00 | (12,000.00) | 0.00         | 29,000.00  | (29,000.00) | 0.00      |
| Security               | 0.00         | 0.00       | 0.00       | 0.00           | 0.00      | 0.00        | 0.00           | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Rental Equipment       |              | 0.00       |            |                |           |             |                |           | -           |              |            |             |           |
| Lights                 | 0.00         | 0.00       | 0.00       | 0.00           | 0.00      | 0.00        | 0.00           | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Sound/Backline         | 0.00         | 600.00     | (600.00)   | 0.00           | 750.00    | (750.00)    | 0.00           | 750.00    | (750.00)    | 0.00         | 2,100.00   | (2,100.00)  | 0.00      |
| Contract Labor         |              |            |            |                |           |             |                |           |             |              |            | ······      |           |
| Light Engineer         | 0.00         | 0.00       | 0.00       | 0.00           | 0.00      | 0.00        | 0.00           | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Sound Engineer         | 0.00         | 500.00     | (500.00)   | 0.00           | 750.00    | (750.00)    | 0.00           | 750.00    | (750.00)    | 0.00         | 2,000.00   | (2,000.00)  | 0.00      |
| Overhire               | 0.00         | 0.00       | 0.00       | 0.00           | 0.00      | 0.00        | 0.00           | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Hospitality            | 0.00         | 1,000.00   | (1,000.00) | 0.00           | 1,000.00  | (1,000.00)  | 0.00           | 1,000.00  | (1,000.00)  | 0.00         | 3,000.00   | (3,000.00)  | 0.00      |
| Miscellaneous          | 0.00         | 0.00       | 0.00       | 0.00           | 0.00      | 0.00        | 0.00           | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Total Production Costs | 0.00         | 7,100.00   | (7,100.00) | 0.00           | 14,500.00 | (14,500.00) | 0.00           | 14,500.00 | (14,500.00) | 0.00         | 36,100.00  | (36,100.00) | 0.00      |
| Gross Profit or (Loss) | 0.00         | (2,600.00) | 2,600.00   | 0.00           | 500.00    | (500.00)    | 0.00           | 500.00    | (500.00)    | 0.00         | (1,600.00) | 1,600.00    | 0.00      |
|                        |              |            |            |                |           |             |                |           | (300100)    |              | (1,000,00) | 1,000.00    | 0.00      |
| Total Profit or (Loss) | 0.00         | (2,600.00) | 2,600.00   | 0.00           | 500.00    | (500.00)    | 0.00           | 500.00    | (500.00)    | 0.00         | (1,600.00) | 1,600.00    | 0.00      |
|                        | 0.00         | (2,000.00) | 2,000.00   | 0.00           | 300.00    | (300.00)    | 0.00           | 300.00    | (500.00)    | 0.00         | (1,600.00) | 1,600.00    |           |

Item 1.

#### SOONER THEATRE of NORMAN, INC. **Sooner Stage Presents**

Annual Budget-Accrual Basis

For the Year Ended June 30, 2021

|                              |              | MAMA MIA   |             |           | ANNIE     |             |              |            |             | Budget    |
|------------------------------|--------------|------------|-------------|-----------|-----------|-------------|--------------|------------|-------------|-----------|
| Sooner Stage                 | Year-To-Date | Annual     | Variance    | Story     | Annual    | Variance    | Year-To-Date | Annual     | Variance    | Totals    |
|                              | Actual       |            |             |           |           |             | Actual       |            |             |           |
| Revenues                     |              |            |             |           |           |             |              |            |             |           |
| Ticket Sales                 | 180.00       | 25,000.00  | (24,820.00) | 24,798.49 | 45,000.00 | (20,201.51) | 0.00         | 8,500.00   | (8,500.00)  | 24,978.49 |
| Convenience Fees             | 0.00         | 0.00       | 0.00        | 1,246.00  | 0.00      | 1,246.00    | 0.00         | 0.00       | 0.00        | 1,246.00  |
| Sponsorship                  | 0.00         | 0.00       | 0.00        | 0.00      | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
|                              |              |            |             |           |           |             |              |            |             | -         |
| Total Revenues               | 180.00       | 25,000.00  | (24,820.00) | 26,044.49 | 45,000.00 | (18,955.51) | 0.00         | 8,500.00   | (8,500.00)  | 26,224.49 |
| Production Costs             |              |            |             |           |           |             |              |            |             |           |
| Royalties                    | 5,905.00     | 6,635.00   | (730.00)    | 8,199.31  | 9,095.00  | (895.69)    | 0.00         | 2,450.00   | (2,450.00)  | 14,104.31 |
| Stage Manager                | 0,00         | 750.00     | (750.00)    | 375.00    | 750.00    | (375.00)    | 0.00         | 500.00     | (500.00)    | 375.00    |
| Costumes & Costumer          | 0.00         | 4,000.00   | (4,000.00)  | 569.71    | 5,000.00  | (4,430.29)  | 0,00         | 500.00     | (500.00)    | 569.71    |
| Props                        | 0.00         | 1,000.00   | (1,000.00)  | 1,969.23  | 1,000.00  | 969.23      | 0.00         | 0.00       | 0.00        | 1,969.23  |
| Set                          | 0.00         | 1,500.00   | (1,500.00)  | 794.72    | 1,500.00  | (705.28)    | 0.00         | 0.00       | 0.00        | 794.72    |
| Music Director               | 0.00         | 1,200.00   | (1,200.00)  | 0.00      | 1,200.00  | (1,200.00)  | 0.00         | 1,000.00   | (1,000.00)  | 0.00      |
| Director                     | 0.00         | 1,300.00   | (1,300.00)  | 0.00      | 1,200.00  | (1,200.00)  | 0.00         | 1,000.00   | (1,000.00)  | 0.00      |
| Choreographer                | 0.00         | 1,200.00   | (1,200.00)  | 1,200.00  | 1,200.00  | 0.00        | 0.00         | 1,000.00   | (1,000.00)  | 1,200.00  |
| Rental Equipment             |              |            |             |           |           |             |              |            |             | 0.00      |
| Lights                       | 0.00         | 0.00       | 0.00        | 0.00      | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Sound                        | 0.00         | 0.00       | 0.00        | 0.00      | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Artist Fees                  | 0.00         | 0.00       | 0.00        | 0.00      | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Actors'Equity Costs          | 0.00         | 3,000.00   | (3,000.00)  | 0.00      | 0.00      | 0.00        | 0.00         | 0.00       | 0.00        | 0.00      |
| Labor                        |              |            |             |           |           |             |              |            |             | 0.00      |
| Sound/ Light Engineer        | 0,00         | 3,000.00   | (3,000.00)  | 3,420.00  | 3,000.00  | 420.00      | 0.00         | 2,000.00   | (2,000.00)  | 3,420.00  |
| Musicians (or Digital Track) | 0.00         | 750.00     | (750.00)    | 750.00    | 1,500.00  | (750.00)    | 0.00         | 750.00     | (750.00)    | 750.00    |
| Miscellaneous Labor          | 0.00         | 1,000.00   | (1,000.00)  | 1,994.00  | 1,000.00  | 994.00      | 0.00         | 200.00     | (200.00)    | 1,994.00  |
| Miscellaneous Expenses       | 0.00         | 250.00     | (250.00)    | 265.19    | 500.00    | (234.81)    | 0.00         | 200.00     | (200.00)    | 265.19    |
| Hospitality                  | 0.00         | 1,000.00   | (1,000.00)  | 434.61    | 1,000.00  | (565.39)    | 0.00         | 500.00     | (500.00)    | 434.61    |
|                              |              |            |             |           |           |             |              |            |             |           |
| Total Production Costs       | 5,905.00     | 26,585.00  | (20,680.00) | 19,971.77 | 27,945.00 | (7,973.23)  | 0.00         | 10,100.00  | (10,100.00) | 25,876.77 |
| Total Profit or (Loss)       | (5,725.00)   | (1,585.00) | (4,140.00)  | 6,072.72  | 17,055.00 | (10,982.28) | 0.00         | (1,600.00) | 1,600,00    | 347.72    |

#### THE STUDIO of the SOONER THEATRE For the Year Ended June 30, 2021

|                                    | Year-To-Date | Annual     | Variance     |
|------------------------------------|--------------|------------|--------------|
|                                    |              |            |              |
|                                    | Actual       | Budget     |              |
| Revenues                           |              |            |              |
| Tuition Fees                       | 248,304.19   | 250,000.00 | (1,695.81)   |
| <br>Studio Production Tickets      | 31,515.75    | 50,000.00  | (18,484.25)  |
| Showcase Tickets & Production Fees | 12,454.00    | 15,000.00  | (2,546.00)   |
| Summer Stage 2021 Ticket Sales     | 25,725.00    | 30,000.00  | (4,275.00)   |
| Young Producers 2020 Ticket Sales  | 0.00         | 20,000.00  | (20,000.00)  |
| Education Trips-JTF                | 0.00         | 43,000.00  | (43,000.00)  |
| Education Trips-NYC                | 0.00         | 40,000.00  | (40,000.00)  |
| <br>Miscellaneous                  | 45.00        | 0.00       | 45.00        |
| <br>Total Revenues                 | 318,043.94   | 448,000.00 | (129,956.06) |
| <br>Costs                          |              |            |              |
| Instructor Fees & Salaries         | 91,855.00    | 80,000.00  | 11,855.00    |
| Scholarships                       | 0.00         | 5,400.00   | (5,400.00)   |
| Staff                              | 2,018.50     | 12,000.00  | (9,981.50)   |
| Workshop Costs                     | 1,025.00     | 2,000.00   | (975.00)     |
| Studio Production Classes          | 47,784.26    | 40,000.00  | 0.00         |
| <br>2020 Summer Stage Costs        | 12,850.23    | 17,500.00  | (4,649.77)   |
| 2020 Young Producers Costs         | 14,752.10    | 17,500.00  | (2,747.90)   |
| Showcase Costs                     | 15,228.46    | 13,000.00  | 2,228.46     |
| <br>2021 Summer Stage Costs        | 22,895.79    | 0.00       | 22,895.79    |
| <br>Education Trips-JTF & NYC      | 0.00         | 80,000.00  | (80,000.00)  |
| <br>Studio Costs                   | 208,409.34   | 267,400.00 | (58,990.66)  |
| <br>Gross Profit or (Loss)         | 109,634.60   | 180,600.00 | (70,965.40)  |
| Overhead Costs                     |              |            |              |
| Building                           |              |            |              |
| <br>Utilities                      | 11,449.19    | 15,000.00  | (3,550.81)   |
| <br>Repairs & Maintenance          | 8,668.33     | 7,500.00   | 1,168.33     |
| <br>Supplies                       | 2,142.15     | 5,000.00   | (2,857.85)   |
| <br>Miscellaneous                  | 472.90       | 500.00     | (27.10)      |
| Studio Overhead Costs              | 22,732.57    | 28,000.00  | (5,267.43)   |
| <br>Total Studio Costs             | 231,141.91   |            |              |
| Total Profit or (Loss)             | 86,902.03    | 152,600.00 | (65,697.97)  |

#### SOONER THEATRE of NORMAN, INC. Concessions and Rentals Annual Budget-Accrual Basis For the Year Ended June 30, 2021

|                         |              |           |             |                          |                                       |           |            | Total                 |
|-------------------------|--------------|-----------|-------------|--------------------------|---------------------------------------|-----------|------------|-----------------------|
| Concessions             | Year-To-Date | Annual    | Variance    | Rentals                  | Year-To-Date                          | Annual    | Variance   | Concessions & Rentals |
|                         | Actual       | Budget    |             |                          | Actual                                | Budget    |            |                       |
| Revenues                |              |           |             | Revenues                 |                                       |           |            |                       |
| Sweet Shoppe Sales      | 3,992.10     | 20,000.00 | (16,007.90) | Rental Contract Fees     | 29,450.00                             | 20,000.00 | 9,450.00   | 33,442.10             |
| Total Revenues          | 3,992.10     | 20,000.00 | (16,007.90) | Total Revenues           | 29,450.00                             | 20,000.00 | 9,450.00   | 33,442.10             |
| Costs                   |              |           |             | Costs                    | · · · · · · · · · · · · · · · · · · · |           |            |                       |
| COS Sweet Shoppe        | 1,789.60     | 11,500.00 | (9,710.40)  | Technical Assistant      | 0.00                                  | 0.00      | 0.00       | 1,789.60              |
| Labor                   | 0.00         | 0.00      | 0.00        | Labor                    | 0.00                                  | 0.00      | 0.00       | 0.00                  |
| Other Expenses          | 0.00         | 0.00      | 0.00        | Other Expenses-Custodial | 2,132.50                              | 5,000.00  | (2,867.50) | 2,132.50              |
| Total Concessions Costs | 1,789.60     | 11,500.00 | (9,710.40)  | Total Rental Costs       | 2,132.50                              | 5,000.00  | (2,867.50) | 3,922.10              |
| Total Profit or (Loss)  | 2,202.50     | 8,500.00  | (6,297.50)  | Total Profit or (Loss)   | 27,317.50                             | 15,000.00 | 12,317.50  | 29,520.00             |
|                         |              |           |             |                          |                                       |           |            |                       |

## SOONER THEATRE of NORMAN, INC. Special Events

Annual Budget-Accrual Basis

For the Year Ended June 30, 2021

|                         | MUR          | DER MYSTERY | · · · · · · · · · · · · · · · · · · · | SPEC         | SPECIAL EVENTS-VOH |             |            |
|-------------------------|--------------|-------------|---------------------------------------|--------------|--------------------|-------------|------------|
|                         | Year-To-Date | Annual      | Variance                              | Year-To-Date | Annual             | Variance    | Totals     |
|                         | Actual       | Budget      |                                       | Actual       | Budget             |             |            |
| Revenues                |              |             |                                       |              |                    |             |            |
| Sponsors & Donations    | 0.00         | 29,400.00   | (29,400.00)                           | 0.00         | 0.00               | 0.00        | 0.00       |
| Contest Entries         | 0.00         | 0.00        |                                       | 33.93        | 0.00               | 33.93       | 33.93      |
| Ticket Sales            | 0.00         | 0.00        | 0.00                                  | 0.00         | 0.00               | 0.00        | 0.00       |
| Mix Donations           | 0.00         | 2,000.00    | (2,000.00)                            | 0.00         | 0.00               | 0.00        | 0.00       |
| Total Revenues          | 0.00         | 31,400.00   | (31,400.00)                           | 33.93        | 50,000.00          | (49,966.07) | 33.93      |
| Production Costs        | 0.00         |             |                                       |              |                    |             |            |
| Catering                | 0.00         | 8,000.00    | (8,000.00)                            | 0.00         | 0.00               | 0.00        | 0.00       |
| 2020 Catering           | 7,185.75     |             |                                       |              |                    |             |            |
| Facility Rental         | 0.00         | 0.00        | 0.00                                  |              | 4,050.00           |             | 0.00       |
| Miscellaneous           | 0.00         | 0.00        | 0.00                                  | 0.00         | 1,200.00           | (1,200.00)  | 0.00       |
| Sound                   | 0.00         | 0.00        | 0.00                                  | 0.00         | 0.00               | 0.00        | 0.00       |
| Labor                   |              |             | -                                     |              |                    |             | ·······    |
| Light & Sound Engineer  | 0.00         | 1,250.00    | 0.00                                  | 0.00         | 0.00               | 0.00        | 0.00       |
| Director                | 0.00         | 500.00      |                                       |              |                    |             |            |
| Music Director          | 0.00         | 500.00      |                                       |              |                    |             |            |
| Musicians               | 0.00         | 300.00      | (300.00)                              | 0.00         | 2,500.00           | (2,500.00)  | 0.00       |
| Artist Fees             | 0.00         | 0.00        | 0.00                                  | 0.00         | 0.00               | 0.00        | 0.00       |
| Miscellaneous Expenses  | 0.00         | 500.00      | (500.00)                              | 0.00         | 10,000.00          | (10,000.00) | 0.00       |
| Marketing-Show specific | 0.00         | 0.00        | 0.00                                  | 0.00         | 0.00               | 0.00        | 0.00       |
| Total Production Costs  | 7,185.75     | 11,050.00   | (3,864.25)                            | 0.00         | 17,750.00          | (17,750.00) | 7,185.75   |
| Total Profit or (Loss)  | (7,185.75)   | 20,350.00   | (27,535.75)                           | 33.93        | 32,250.00          | (32,216.07) | (7,151.82) |

### Beth M Pepper CPA 1316 Cherry Laurel Drive Norman, OK 73072

Phone: (405)360-7615 | Fax: (405)360-7615

May 13, 2021

Sooner Theatre of Norman Inc 101 E Main Street Norman, OK 73069

Sooner Theatre of Norman Inc:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Sooner Theatre of Norman Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (405)360-7615.

Sincerely,

Bith M. Pepper

Beth M Pepper Beth M Pepper CPA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | for an E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                   | Do not send to the send to | o the IRS. Keep for yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       | 2019                                  |
| Name of exempt organization                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Sooner Theatre of                                                                                                                                                                                                                                                                                                                                                                                                                                        | Norman Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Name and title of officer                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Jennifer Baker, E                                                                                                                                                                                                                                                                                                                                                                                                                                        | A continue Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| check the box on line <b>1a, 2a</b> ,<br>leave line <b>1b, 2b, 3b, 4b,</b> or                                                                                                                                                                                                                                                                                                                                                                            | for which you are using this Form 8879-EC<br>3a, 4a, or 5a, below, and the amount on that<br>5b, whichever is applicable, blank (do not en<br>not complete more than one line in Part I.                                                                                                                                                                                                                                                                                                                                                                                    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| 1a Form 990 check here                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 2a Form 990-EZ check her                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 3a Form 1120-POL check                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 4a Form 990-PF check her<br>5a Form 8868 check here                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Ja Form 6000 check here                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>b</b> Balance Due (Form 8868, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Part II Declaratio                                                                                                                                                                                                                                                                                                                                                                                                                                       | n and Signature Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |                                       |
| are true, correct, and compl<br>organization's electronic retu-<br>to send the organization's ret<br>the transmission, (b) the rea-<br>authorize the U.S. Treasury<br>financial institution account i<br>return, and the financial insti<br>Agent at 1-888-353-4537 no<br>involved in the processing o                                                                                                                                                   | ic return and accompanying schedules and<br>etc. I further declare that the amount in Part<br>rn. I consent to allow my intermediate servi<br>urn to the IRS and to receive from the IRS (a<br>son for any delay in processing the return or r<br>and its designated Financial Agent to initiate<br>indicated in the tax preparation software for<br>tution to debit the entry to this account. To r<br>later than 2 business days prior to the payr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I above is the amount<br>ice provider, transmitter<br>) an acknowledgement<br>refund, and (c) the date<br>e an electronic funds w<br>payment of the organiz<br>evoke a payment, I mu<br>nent (settlement) date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | shown on the copy of f<br>; or electronic return o<br>of receipt or reason for<br>of any refund. If applica<br>thdrawal (direct debit)<br>ation's federal taxes or<br>st contact the U.S. Tre<br>Latso authorize the fin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the<br>riginator (ERO)<br>rejection of<br>able, I<br>entry to the<br>wed on this<br>asury Einancial                                                                                                                                   |                                       |
| esolve issues related to the                                                                                                                                                                                                                                                                                                                                                                                                                             | the electronic payment of taxes to receive<br>payment. I have selected a personal identii<br>cable, the organization's consent to electron<br>ox only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| resolve issues related to the<br>electronic return and, if appl<br>Officer's PIN: check one b                                                                                                                                                                                                                                                                                                                                                            | payment. 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| resolve issues related to the<br>electronic return and, if appl<br>Officer's PIN: check one b<br>X I authorize <u>Beth</u><br>on the organization'<br>being filed with a sta                                                                                                                                                                                                                                                                             | payment. I have selected a personal identii<br>cable, the organization's consent to electron<br>ox only<br><u>M Pepper CPA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <ul> <li>esolve issues related to the electronic return and, if appl</li> <li>Difficer's PIN: check one b</li> <li>X I authorize <u>Beth</u></li> <li>on the organization'</li> <li>being filed with a state ERO to enter my PI</li> <li>As an officer of the off I have indicated with a lRS Fed/State p</li> </ul>                                                                                                                                     | payment. I have selected a personal identii<br>cable, the organization's consent to electron<br>ox only<br><u>M Pepper CPA</u><br>ERO firm name<br>tax year 2019 electronically filed return. 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| <pre>resolve issues related to the electronic return and, if appl Officer's PIN: check one b</pre>                                                                                                                                                                                                                                                                                                                                                       | payment. I have selected a personal identificable, the organization's consent to electron<br>ox only           M Pepper CPA           ERO firm name           a tax year 2019 electronically filed return. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | inquiries and<br>organization's<br>as my signature<br>of the return is<br>the aforementioned<br>tronically filed return.<br>charities as part of<br>5 1 3 2<br>85 91598<br>Do not enter al                                            | 21                                    |
| esolve issues related to the<br>electronic return and, if appl<br>Officer's PIN: check one b<br>X I authorize <u>Beth</u><br>on the organization'<br>being filed with a sta<br>ERO to enter my PI<br>As an officer of the<br>If I have indicated w<br>the IRS Fed/State p<br>Part III Certification<br>ERO's EFIN/PIN. Enter your<br>number (EFIN) followed by y<br>certify that the above nume<br>information for Authorized IR                         | payment. I have selected a personal identificable, the organization's consent to electron<br><b>M Pepper CPA</b><br>ERO firm name<br>a tax year 2019 electronically filed return. If<br>te agency(ies) regulating charities as part of<br>N on the return's disclosure consent screen<br>organization, I will enter my PIN as my signat<br>thin this return that a copy of the return is b<br>rogram, I will enter my PIN on the return's of<br><b>On 'and Authentication</b><br>six-digit electronic filing identification<br>our five-digit self-selected PIN.<br>The entry is my PIN, which is my signature of<br>t am submitting this return in accordance will<br>S e-file Providers for Business Returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | confidential informatior<br>fication number (PIN) a<br>nic funds withdrawal.<br>to enter my PIN<br>I have indicated within<br>of the IRS Fed/State pro-<br>the on the organization<br>ature on the organization<br>being filed with a state a<br>lisclosure consent scree<br>is a state of the st | 20206         Enter five numbers, but do not enter all zeros         this return that a copy of thi | inquiries and<br>organization's<br>as my signature<br>of the return is<br>the aforementioned<br>tronically filed return.<br>charities as part of<br>5 1 3 2<br>85 91598<br>Do not enter al<br>ganization<br>e-File (MeF)<br>5 - 3 - 2 | 21                                    |

| Form                                                                 | , <b>9</b> 9                      | an                                                                   | Retur                                                             | m of Organiz                                                                                                                            | ation Exempt                                              | Erom In                            | nom            | Tax            |               | 0                              | MB No. 1545-0047                      |  |
|----------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|----------------|----------------|---------------|--------------------------------|---------------------------------------|--|
|                                                                      |                                   | y 2020)                                                              |                                                                   | -                                                                                                                                       | I) of the internal Rev                                    |                                    |                |                | ndations      |                                | 2019                                  |  |
| Denar                                                                | tment of                          | the Treasury                                                         |                                                                   | • • • • • •                                                                                                                             | ,<br>numbers on this for                                  | •                                  |                |                |               | ·                              | pen to Public                         |  |
|                                                                      |                                   | ue Service                                                           | ► Go to                                                           | www.irs.gov/Form                                                                                                                        | 990 for instructions                                      | and the lates                      | st inform      | ation.         |               |                                | Inspection                            |  |
| <u>A</u> [                                                           | For the                           | 2019 calendar                                                        | year, or tax year begi                                            | inning                                                                                                                                  | 07-                                                       | 01 , <b>2019</b> , a               | and endi       | ng             | 06            | -30 ,2                         | 2020                                  |  |
| B                                                                    | Check if a                        | applicable:                                                          | C Name of organizationS                                           | ooner Theatre                                                                                                                           | of Norman Ind                                             | :                                  |                |                | D Emplo       | Employer identification number |                                       |  |
| <u> </u>                                                             | Address c                         | change                                                               | Doing business as                                                 |                                                                                                                                         |                                                           | 51-0196629                         |                |                |               |                                |                                       |  |
|                                                                      | lame cha                          | ange                                                                 | Number and street (or F                                           | P.O. box if mail is not delive                                                                                                          | ered to street address)                                   |                                    | Room/suit      | e              | E Teleph      | ione number                    | ,                                     |  |
|                                                                      | nitial retu                       | m                                                                    | 101 E Main Str                                                    | reet                                                                                                                                    |                                                           |                                    |                |                |               |                                |                                       |  |
| Ll f                                                                 | inal retur                        | m/terminated                                                         | City or town, state or pre-                                       | rovince, country, and ZIP or                                                                                                            | foreign postal code                                       |                                    |                |                | G Gross       | receipts                       |                                       |  |
| L /                                                                  | Amended return Norman, OK 73069 S |                                                                      |                                                                   |                                                                                                                                         |                                                           |                                    |                |                |               | 928,078                        |                                       |  |
| L A                                                                  | pplication                        | n pending                                                            | F Name and address of p                                           | principal officer:                                                                                                                      |                                                           |                                    |                | H(a) is this a |               |                                | <u> </u>                              |  |
|                                                                      | ·                                 | pt status: X 50                                                      |                                                                   |                                                                                                                                         |                                                           |                                    |                | H(b) Are all   |               |                                |                                       |  |
|                                                                      | ax-exem<br>Vebsite:               |                                                                      | 1(c)(3) 501(c) (                                                  | ) 🗲 (insert no.)                                                                                                                        | 4947(a)(1) or                                             | 527                                |                |                |               | . (see instruc                 |                                       |  |
|                                                                      |                                   | rganization: X Co                                                    | propration Trust As                                               | ssociation Other >                                                                                                                      |                                                           |                                    |                | H(c) Group     |               |                                |                                       |  |
| Pa                                                                   |                                   |                                                                      |                                                                   | Sociation Other                                                                                                                         |                                                           | L Year of formation                | on: 197        | 6 M            | State of lega | domicile:                      | OK                                    |  |
|                                                                      |                                   |                                                                      | the organization's miss                                           | sion or most signified                                                                                                                  | unt potivition: Miha                                      |                                    | - <i>E</i> mb. |                | (71)          |                                |                                       |  |
|                                                                      | 1                                 |                                                                      | er diverse per                                                    |                                                                                                                                         | -                                                         |                                    |                |                |               |                                | s to change                           |  |
| Activities & Governance                                              |                                   |                                                                      | ming arts and a                                                   |                                                                                                                                         |                                                           | urar com                           | nectic         | n to t         | ne com        | municy                         |                                       |  |
| nar                                                                  |                                   | the perior                                                           | ming ares and a                                                   | arts educatio                                                                                                                           |                                                           |                                    |                |                |               |                                | · · · · · · · · · · · · · · · · · · · |  |
| ver                                                                  | 2                                 | Check this box                                                       | if the organizatio                                                | n discontinued its on                                                                                                                   | orations or dispassed                                     | of more than f                     | 250/ af it     |                | 4-            |                                |                                       |  |
| ß                                                                    |                                   |                                                                      |                                                                   |                                                                                                                                         |                                                           |                                    |                |                |               |                                |                                       |  |
| <u>مە</u>                                                            |                                   |                                                                      | ng members of the government                                      |                                                                                                                                         |                                                           |                                    |                |                |               |                                | 15                                    |  |
| ties                                                                 |                                   |                                                                      | pendent voting membe                                              |                                                                                                                                         |                                                           |                                    |                |                |               |                                | 15                                    |  |
| ţŅ                                                                   |                                   |                                                                      | f individuals employed i                                          |                                                                                                                                         |                                                           | • • • • • • •                      |                |                |               |                                | 10                                    |  |
| Υc                                                                   |                                   | Total number of volunteers (estimate if necessary)                   |                                                                   |                                                                                                                                         |                                                           |                                    |                |                |               |                                |                                       |  |
|                                                                      | 1 .                               | Total unrelated business revenue from Part VIII, column (C), line 12 |                                                                   |                                                                                                                                         |                                                           |                                    |                |                |               |                                | 5,788                                 |  |
|                                                                      |                                   | Net unrelated b                                                      | usiness taxable income                                            | e from Form 990-T, li                                                                                                                   | ne 39                                                     | · · · · · · · ·                    | <u></u>        |                | . 7b          |                                | 0                                     |  |
|                                                                      |                                   | <b>A 1 1 1</b>                                                       |                                                                   |                                                                                                                                         |                                                           |                                    |                | Prior Year     |               | Cu                             | rrent Year                            |  |
| m,                                                                   |                                   |                                                                      | nd grants (Part VIII, line                                        |                                                                                                                                         |                                                           |                                    |                | 389            | ,419          |                                | 308,462                               |  |
| Revenue                                                              |                                   |                                                                      | e revenue (Part VIII, lin                                         |                                                                                                                                         |                                                           |                                    |                | 577            | 1,177         |                                | 584,006                               |  |
| eve                                                                  |                                   |                                                                      | me (Part VIII, column (                                           |                                                                                                                                         | •                                                         |                                    |                | 2              | 2,018         |                                | 2,698                                 |  |
| Ř                                                                    |                                   |                                                                      |                                                                   | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)            Idd lines 8 through 11 (must equal Part VIII, column (A), line 12) |                                                           |                                    |                |                |               |                                | 27,472                                |  |
|                                                                      |                                   |                                                                      |                                                                   |                                                                                                                                         |                                                           |                                    |                | 992            | 232           |                                | 922,638                               |  |
|                                                                      |                                   |                                                                      | lar amounts paid (Part                                            |                                                                                                                                         |                                                           |                                    |                |                |               |                                | 0                                     |  |
|                                                                      |                                   |                                                                      | or for members (Part I                                            |                                                                                                                                         |                                                           |                                    |                |                |               | · ·                            | 0                                     |  |
| ŝ                                                                    |                                   |                                                                      | compensation, employe                                             |                                                                                                                                         |                                                           |                                    | **             | 206            | 632           |                                | 264,097                               |  |
| Expenses                                                             | 16a                               | Professional fui                                                     | ndraising fees (Part IX,                                          | column (A), line 11e                                                                                                                    | )                                                         |                                    |                |                |               |                                | 0                                     |  |
| đ                                                                    |                                   |                                                                      | g expenses (Part IX, co                                           |                                                                                                                                         |                                                           | 0                                  |                |                |               |                                |                                       |  |
| Щ                                                                    | 17                                | Other expenses                                                       | (Part IX, column (A), li                                          | ines 11a-11d, 11f-24e                                                                                                                   | ə)                                                        |                                    | •              | 643            | ,986          |                                | 655,439                               |  |
|                                                                      | 1                                 |                                                                      | Add lines 13-17 (musi                                             | •                                                                                                                                       | · ·· /                                                    |                                    |                | 850            | ,618          |                                | 919,536                               |  |
|                                                                      | 19                                | Revenue less e                                                       | xpenses. Subtract line                                            | 18 from line 12                                                                                                                         | <u></u>                                                   | <u></u> .                          |                | 141            | ,614          |                                | 3,102                                 |  |
| or<br>Ces                                                            |                                   |                                                                      |                                                                   |                                                                                                                                         |                                                           |                                    | Begin          | ning of Curr   | ent Year      | En                             | d of Year                             |  |
| Net Assets o<br>Fund Balanc                                          | 20                                | Total assets (Pa                                                     | art X, line 16)                                                   |                                                                                                                                         |                                                           |                                    | •              | 1,973          | ,276          |                                | 2,082,880                             |  |
| at As                                                                |                                   | Total liabilities (                                                  |                                                                   |                                                                                                                                         |                                                           |                                    | •              | 1,349          | ,050          |                                | 1,455,552                             |  |
|                                                                      |                                   |                                                                      | ind balances. Subtract                                            | t line 21 from line 20                                                                                                                  | <u></u>                                                   | <u></u>                            |                | 624            | ,226          |                                | 627,328                               |  |
| Par                                                                  |                                   | Signature                                                            |                                                                   |                                                                                                                                         |                                                           |                                    |                |                |               |                                |                                       |  |
| Under<br>true, d                                                     | r penaltie<br>correct, a          | s of perjury, I declare<br>nd complete, Declara                      | that I have examined this retu<br>tion of preparer (other than of | urn, including accompanyin<br>fficer) is based on all inform                                                                            | g schedules and statements<br>ation of which preparer has | , and to the best of any knowledge | of my knowl    | edge and be    | ief, it is    |                                |                                       |  |
|                                                                      |                                   |                                                                      | 1                                                                 | in an O                                                                                                                                 |                                                           | any momedye.                       |                |                | -             |                                |                                       |  |
| C:                                                                   |                                   |                                                                      | er Baker                                                          | MALA -                                                                                                                                  |                                                           |                                    |                |                |               | 5112                           | 321                                   |  |
| Sign Signature of officer                                            |                                   |                                                                      |                                                                   |                                                                                                                                         |                                                           |                                    |                | 01-1           |               |                                |                                       |  |
| Here Jennifer Baker Zxecutive Director                               |                                   |                                                                      |                                                                   |                                                                                                                                         |                                                           |                                    |                |                |               |                                |                                       |  |
|                                                                      | Type or print name and title      |                                                                      |                                                                   |                                                                                                                                         |                                                           |                                    |                |                |               |                                |                                       |  |
| Print/Type preparer's name Preparer's signature Date Check X if PTIN |                                   |                                                                      |                                                                   |                                                                                                                                         |                                                           |                                    |                |                |               |                                |                                       |  |
| Paic                                                                 | i                                 | Beth M Pe                                                            | pper                                                              |                                                                                                                                         |                                                           |                                    |                | self-em        | ployed        | P008                           | 91598                                 |  |
| Prep                                                                 | barer                             | Firm's name                                                          | Beth M I                                                          | Pepper CPA                                                                                                                              |                                                           |                                    | Fir            | m's ElN ►      |               |                                |                                       |  |
| Use                                                                  | Only                              | Firm's address                                                       | 1316 Che                                                          | erry Laurel D:                                                                                                                          | rive                                                      |                                    | Ph             | one no.        |               |                                |                                       |  |
|                                                                      |                                   |                                                                      | Norman (                                                          | OK 73072                                                                                                                                |                                                           |                                    |                |                | 405-3         | 60-761                         | .5                                    |  |
| May I                                                                | the IRS                           | discuss this ret                                                     | um with the preparer sl                                           | hown above? (see in                                                                                                                     | structions)                                               | <u></u> .                          |                |                |               | X                              | Yes 🗌 No                              |  |
| For P                                                                | aperw                             | ork Reduction                                                        | Act Notice, see the se                                            | eparate instructions                                                                                                                    |                                                           |                                    |                |                |               | F                              | Form <b>990</b> (2019)                |  |

Item 1.

| _    |                                                                                                                                                |                                    |                     |
|------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|
|      | m 990-T (2019) Sooner Theatre of Norman Inc                                                                                                    | 51-0196629                         | Page 2              |
| Pa   | art III Total Unrelated Business Taxable Income                                                                                                |                                    |                     |
| 32   | Total of unrelated business taxable income computed from all unrelated trades or businesses (see                                               |                                    |                     |
|      | instructions)                                                                                                                                  | 32                                 | (35,395)            |
| 33   | Amounts paid for disallowed fringes                                                                                                            |                                    |                     |
| 34   | Charitable contributions (see instructions for limitation rules)                                                                               |                                    |                     |
| 35   | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line                                             |                                    |                     |
|      | 34 from the sum of lines 32 and 33                                                                                                             |                                    |                     |
| 26   |                                                                                                                                                | 35                                 | (35,395)            |
| 36   | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see                                                    |                                    |                     |
|      | instructions)                                                                                                                                  | 36                                 |                     |
| 37   | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35                                            |                                    | (35,395)            |
| 38   | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)                                                            | 38                                 |                     |
| 39   | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,                                          |                                    |                     |
|      | enter the smaller of zero or line 37                                                                                                           | 39                                 | (25 205)            |
| Da   | art IV Tax Computation                                                                                                                         | 39                                 | (35,395)            |
|      |                                                                                                                                                |                                    |                     |
| 40   | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).                                                                         | · · · ▶ 40                         |                     |
| 41   | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on                                                             |                                    |                     |
|      | the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)                                                                        | 🕨 🛛 41                             |                     |
| 42   | Proxy tax. See instructions                                                                                                                    | > 42                               |                     |
| 43   | Alternative minimum tax (trusts only)                                                                                                          | 43                                 |                     |
| 44   | Tax on Noncompliant Facility Income. See instructions                                                                                          |                                    |                     |
| 45   |                                                                                                                                                |                                    |                     |
|      | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies                                                                            | 45                                 |                     |
|      | art V Tax and Payments                                                                                                                         |                                    |                     |
| 46a  | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a                                                                |                                    |                     |
| b    | Other credits (see instructions) 46b                                                                                                           |                                    |                     |
| c    | General business credit. Attach Form 3800 (see instructions)                                                                                   |                                    |                     |
| d    |                                                                                                                                                |                                    |                     |
| е    |                                                                                                                                                | 46-                                |                     |
| 47   |                                                                                                                                                |                                    | ·                   |
|      |                                                                                                                                                | 47                                 |                     |
| 48   | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched                                                        | lule) 48                           |                     |
| 49   | Total tax. Add lines 47 and 48 (see instructions)                                                                                              |                                    | -                   |
| 50   | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3                                                     | 50                                 |                     |
| 51 a | Payments: A 2018 overpayment credited to 2019                                                                                                  |                                    |                     |
| b    | 2019 estimated tax payments                                                                                                                    |                                    |                     |
| с    |                                                                                                                                                |                                    |                     |
| d    |                                                                                                                                                |                                    |                     |
|      |                                                                                                                                                |                                    |                     |
| e    |                                                                                                                                                |                                    |                     |
| f    |                                                                                                                                                |                                    |                     |
| g    | Other credits, adjustments, and payments: Form 2439                                                                                            |                                    |                     |
|      | Form 4136          Other          51g                                                                                                          |                                    |                     |
| 52   | Total payments. Add lines 51a through 51g.                                                                                                     | 52                                 |                     |
| 53   | Estimated tax penalty (see instructions). Check if Form 2220 is attached                                                                       |                                    |                     |
| 54   |                                                                                                                                                |                                    |                     |
|      | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed                                                          |                                    |                     |
| 55   | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.                                               |                                    |                     |
| 56   | Enter the amount of line 55 you want: Credited to 2020 estimated tax  Refund                                                                   |                                    |                     |
| Pa   | rt VI Statements Regarding Certain Activities and Other Information (see instruction                                                           | ns)                                |                     |
| 57   | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authorit                           | ty                                 | Yes No              |
|      | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil                         |                                    |                     |
|      | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr                                 | ~                                  |                     |
|      | here >                                                                                                                                         | У                                  |                     |
| 58   |                                                                                                                                                |                                    | X                   |
| JO   | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore                      | ign trust?                         | . <u>x</u>          |
|      | If "Yes," see instructions for other forms the organization may have to file.                                                                  |                                    |                     |
| 59   | Enter the amount of tax-exempt interest received or accrued during the tax year <b>&gt;</b> \$                                                 |                                    |                     |
|      | 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        | \$                  |
| Sigı | true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    | P                                  |                     |
| Her  |                                                                                                                                                |                                    | liscuss this return |
|      | Signature of difficer                                                                                                                          | with the prepa<br>(see instruction | ns)?                |
|      |                                                                                                                                                |                                    |                     |
|      |                                                                                                                                                | Check X if                         | PTIN                |
| Paic |                                                                                                                                                | self-employed                      | P0089159            |
|      | parer Firm's name >Beth M Pepper CPA                                                                                                           | Firm's EIN ►                       |                     |
| Use  | e Only Firm's address ▶1316 Cherry Laurel Drive                                                                                                | Phone no.                          |                     |
|      | Norman OK 73072                                                                                                                                |                                    | 5-360-7615          |
| EEA  |                                                                                                                                                | 10.                                | 000 T (2010)        |

Item 1.

| <b>F</b> arma                                                        | Q                                                                         | 90                                                       |                         | Def              |                                 | <b>O</b> mmann i  |                                             | 4                             | - ·                               |               | -                     |                         |                           | 1                                       | OMB No. 154                                                                                                     | Item 1                       |
|----------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------|-------------------------|------------------|---------------------------------|-------------------|---------------------------------------------|-------------------------------|-----------------------------------|---------------|-----------------------|-------------------------|---------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------|
| Form                                                                 | -                                                                         |                                                          |                         |                  |                                 | -                 | zation Ex                                   | -                             |                                   |               |                       |                         |                           |                                         | 2019                                                                                                            |                              |
| (Rev.                                                                | Januar                                                                    | y 2020)                                                  | Under                   |                  |                                 |                   | 1) of the Intern                            |                               |                                   |               |                       |                         | ations                    | )                                       | We will be a subscription of the second s | weigen damite in an incorreg |
|                                                                      |                                                                           | the Treasury<br>ue Service                               |                         |                  |                                 |                   | y numbers on<br>190 for instruct            |                               |                                   |               |                       | 3.                      |                           |                                         | Open to Pu                                                                                                      |                              |
|                                                                      |                                                                           | e 2019 calendar                                          | year, or t              | tax year be      | ginning                         | .govn onna        |                                             | 07-0                          |                                   |               |                       |                         | 0                         | 6-30                                    | Inspection, 20 20                                                                                               | 20                           |
| -                                                                    |                                                                           | applicable:                                              |                         |                  | وارتبا المتحد ويجبر فتخفف الكاد | Theatre           | e of Norma                                  |                               |                                   |               |                       |                         |                           |                                         | ntification numb                                                                                                | er                           |
|                                                                      | ddress o                                                                  | change                                                   |                         | g business as    |                                 |                   |                                             |                               |                                   |               |                       |                         | •                         | 51-0196629                              |                                                                                                                 |                              |
|                                                                      | ame cha                                                                   | ange                                                     | Numt                    | ber and street   | (or P.O. box if r               | nail is not deliv | ered to street addre                        | 95S)                          |                                   | Room/su       | uite                  |                         | E Telep                   | lephone number                          |                                                                                                                 |                              |
| =                                                                    | iitial retu                                                               |                                                          |                         | Main S           |                                 |                   |                                             |                               |                                   |               |                       |                         |                           |                                         |                                                                                                                 |                              |
|                                                                      |                                                                           | rn/terminated                                            |                         |                  |                                 | intry, and ZIP c  | or foreign postal cod                       | le                            |                                   |               |                       |                         | G Gros                    | ss receipt                              | 6                                                                                                               |                              |
| Ē.                                                                   | mended                                                                    | n pending                                                |                         | an, OK           |                                 |                   |                                             |                               |                                   |               | T                     |                         | \$                        |                                         |                                                                                                                 | <u>,078</u>                  |
|                                                                      | ppiloalio                                                                 | an perioding                                             | Finante                 | e and address    | of principal offi               | cer:              |                                             |                               |                                   |               |                       |                         | roup return               |                                         | <b>—</b>                                                                                                        | X №                          |
| l Te                                                                 | ax-exem                                                                   | pt status: X 50                                          | 1(c)(3)                 | 501(c) (         | ) 🗲 (in                         | isert no.)        | 4947(a)(1) or                               |                               |                                   |               |                       |                         | subordinal<br>attach a li |                                         | ed? L Yes                                                                                                       | No No                        |
| JW                                                                   | ebsite:                                                                   |                                                          |                         |                  |                                 |                   |                                             |                               | .,                                |               |                       |                         | exemptio                  | -                                       |                                                                                                                 |                              |
|                                                                      |                                                                           |                                                          | rporation               | Trust            | Association                     | Other             | •                                           | L                             | Year of formation                 | on: <b>19</b> | 1                     |                         | state of leg              |                                         |                                                                                                                 | ,                            |
| Par                                                                  | 746 4 200 50 1                                                            | Summary                                                  |                         |                  |                                 |                   |                                             |                               |                                   |               |                       |                         |                           |                                         |                                                                                                                 |                              |
|                                                                      | 1                                                                         | Briefly describe                                         |                         |                  |                                 | -                 |                                             |                               |                                   |               |                       |                         |                           |                                         | is to ch                                                                                                        |                              |
| ce                                                                   |                                                                           | lives, off                                               | er div                  | verse p          | erspecti                        | ives and          | d create a                                  | cultu                         | ral con                           | necti         | on to                 | o th                    | ne con                    | mmuni                                   | ty throu                                                                                                        | gh                           |
| nar                                                                  |                                                                           | the perfor                                               | ming a                  | arts an          | d arts e                        | educatio          | on.                                         |                               |                                   |               |                       |                         |                           |                                         |                                                                                                                 |                              |
| Activities & Governance                                              | 2                                                                         | Check this box                                           | ▶ 🗍 if ti               | he organiza      | ation discont                   | tinued its on     | erations or disr                            | and of p                      | noro than 25                      | 0/ of its     |                       |                         |                           |                                         |                                                                                                                 |                              |
| ğ                                                                    | 3                                                                         | Number of voting                                         |                         |                  |                                 |                   |                                             |                               |                                   |               | netas                 | seis.                   | 3                         | 1                                       |                                                                                                                 | 16                           |
| SS CO                                                                | 4                                                                         | Number of indep                                          |                         | -                | -                               | • •               |                                             |                               |                                   |               |                       |                         | 4                         |                                         |                                                                                                                 | <u>15</u><br>15              |
| vitio                                                                | 5                                                                         | Total number of                                          |                         |                  |                                 |                   |                                             |                               |                                   |               |                       |                         | 5                         |                                         |                                                                                                                 | 10                           |
| Acti                                                                 | 6                                                                         | Total number of volunteers (estimate if necessary)     G |                         |                  |                                 |                   |                                             |                               |                                   |               |                       |                         |                           |                                         |                                                                                                                 |                              |
|                                                                      | 7a                                                                        | Total unrelated b                                        |                         |                  |                                 |                   |                                             |                               | ••••                              |               | • • •                 | •••                     | 7a                        |                                         | 5,7                                                                                                             | 88                           |
|                                                                      | b                                                                         | Net unrelated bu                                         | isiness ta              | axable inco      | me from Foi                     | rm 990-T, lir     | ne 39 · ·                                   | <u>,</u>                      | • • • • •                         | <br>          | • • •                 |                         | 7b                        |                                         |                                                                                                                 | 0                            |
|                                                                      | 8                                                                         | Contributions on                                         | مه سیس ا                | (D               |                                 |                   |                                             |                               |                                   |               | Prior                 | Year                    |                           |                                         | Current Year                                                                                                    |                              |
| e                                                                    | 9                                                                         | Contributions an<br>Program service                      |                         |                  |                                 |                   | • • • • • • • •                             | • • • • •                     |                                   | ·             |                       |                         | ,419                      | -                                       |                                                                                                                 | ,462                         |
| Revenue                                                              | 10                                                                        | Investment incor                                         |                         |                  |                                 |                   | ·····                                       |                               |                                   | •             |                       |                         | ,177                      |                                         |                                                                                                                 | ,006                         |
| Rev                                                                  | 11                                                                        | Other revenue (I                                         |                         |                  |                                 |                   |                                             |                               |                                   | :             |                       |                         | ,018<br>,618              |                                         |                                                                                                                 | <u>, 698</u><br>, 472        |
|                                                                      | 12                                                                        | Total revenue - a                                        |                         |                  |                                 |                   |                                             |                               |                                   | . –           |                       |                         | ,232                      |                                         |                                                                                                                 | , 638                        |
|                                                                      | 13                                                                        | Grants and simil                                         |                         |                  |                                 |                   |                                             |                               |                                   |               |                       |                         | /202                      |                                         |                                                                                                                 | 0                            |
|                                                                      | 14                                                                        | Benefits paid to                                         |                         |                  |                                 |                   |                                             |                               |                                   |               |                       |                         |                           |                                         |                                                                                                                 | 0                            |
| sə                                                                   | 15                                                                        | Salaries, other c                                        |                         |                  |                                 |                   |                                             | s 5-10)                       | • • • •                           | •             |                       | 206                     | ,632                      |                                         | 264                                                                                                             | ,097                         |
| Expenses                                                             |                                                                           | Professional fund                                        |                         |                  |                                 |                   | • • • • •                                   | ••••                          | • • • • •                         | Tabaata       |                       |                         |                           | 120000000000000000000000000000000000000 |                                                                                                                 | 0                            |
| ă                                                                    | 17                                                                        | Total fundraising<br>Other expenses                      |                         |                  |                                 |                   | • <u> </u>                                  |                               | 0                                 |               |                       |                         |                           | 22.35                                   |                                                                                                                 |                              |
| ш                                                                    | 18                                                                        | Total expenses.                                          |                         |                  |                                 |                   |                                             | • • • • •                     | • • • • •                         | •             |                       |                         | ,986                      |                                         |                                                                                                                 | ,439                         |
|                                                                      | 19                                                                        | Revenue less ex                                          |                         |                  |                                 |                   |                                             | · · · ·                       |                                   |               |                       |                         | <u>,618</u><br>,614       |                                         |                                                                                                                 | ,536                         |
| or                                                                   |                                                                           |                                                          | ··                      |                  |                                 |                   |                                             |                               |                                   | Beai          | nning of              |                         |                           |                                         | End of Year                                                                                                     | ,102                         |
| Net Assets or<br>Fund Balances                                       | 20                                                                        | Total assets (Par                                        | rt X, line <sup>-</sup> | 16) ••           |                                 |                   |                                             |                               |                                   |               |                       |                         | ,276                      |                                         | 2,082                                                                                                           | . 880                        |
| nd B                                                                 | 21                                                                        | Total liabilities (P                                     |                         |                  | • • • • • •                     |                   |                                             |                               |                                   |               |                       |                         | ,050                      |                                         | 1,455                                                                                                           |                              |
|                                                                      | 22                                                                        | Net assets or fur                                        |                         |                  | act line 21 fro                 | om line 20        |                                             |                               |                                   | •             |                       | 624                     | ,226                      |                                         |                                                                                                                 | ,328                         |
| Part                                                                 | 52588198764                                                               | Signature                                                |                         |                  | and the shade                   |                   |                                             |                               |                                   |               |                       |                         |                           |                                         | ···                                                                                                             |                              |
| true, co                                                             | penante<br>prrect, a                                                      | es of perjury, I declare<br>and complete. Declarat       | tion of prepa           | arer (other that | in officer) is bas              | ed on all inform  | ng schedules and st<br>nation of which prep | atements, ar<br>barer has any | nd to the best of<br>y knowledge. | my knowl      | ledge and             | l belief.               | , it is                   |                                         |                                                                                                                 |                              |
|                                                                      |                                                                           | Jennife                                                  | or Bok                  | or               |                                 |                   |                                             |                               |                                   |               |                       |                         |                           | · · · · · · · · ·                       |                                                                                                                 |                              |
| Sign                                                                 |                                                                           | Signature of                                             |                         | .er              |                                 |                   |                                             |                               |                                   |               |                       |                         | Da                        | te                                      |                                                                                                                 |                              |
| Here                                                                 |                                                                           | Jennife                                                  | er Bak                  | er, Exe          | ecutive                         | Directo           | r                                           |                               |                                   |               |                       |                         |                           |                                         |                                                                                                                 |                              |
|                                                                      | Jennifer Baker, Executive Director           Type or print name and title |                                                          |                         |                  |                                 |                   |                                             |                               |                                   |               |                       |                         |                           |                                         |                                                                                                                 |                              |
| Print/Type preparer's name Preparer's signature Date Check X if PTIN |                                                                           |                                                          |                         |                  |                                 |                   |                                             |                               |                                   |               |                       |                         |                           |                                         |                                                                                                                 |                              |
| Paid                                                                 |                                                                           | Beth M Pe                                                | pper                    |                  | - WZ                            | th /1             | 1. Jupt                                     | n                             | <u>5-13-</u>                      | dl            |                       | self-employed P00891598 |                           |                                         | _                                                                                                               |                              |
| Prep                                                                 |                                                                           |                                                          | •                       |                  | M Pepper                        |                   | · · · / /                                   |                               |                                   | F             | Firm's EIN            |                         |                           |                                         |                                                                                                                 |                              |
| Use                                                                  | Uniy                                                                      | Firm's address                                           | •                       |                  | Cherry I                        |                   | rive                                        |                               |                                   | F             | <sup>o</sup> hone no. |                         |                           |                                         |                                                                                                                 | _                            |
| Mayth                                                                |                                                                           | discuss this not                                         | rn with th              |                  | n OK 730                        |                   |                                             |                               |                                   |               |                       |                         |                           | 360-7                                   |                                                                                                                 | 1                            |
|                                                                      |                                                                           | discuss this reture ork Reduction A                      |                         |                  |                                 |                   |                                             |                               | • • • • • •                       |               | • • • •               | • • •                   | • • •                     | ••••                                    | البيا                                                                                                           | N 150                        |
|                                                                      |                                                                           |                                                          |                         | , uið            | -oparate m                      |                   | •                                           |                               |                                   |               |                       |                         |                           |                                         | Eorm 990 (                                                                                                      | 201                          |

| Form 990 (2019)       Sooner Theatre of Norman Inc       51-0196629         PartIII       Statement of Program Service Accomplishments       6         Check if Schedule O contains a response or note to any line in this Part III       6         1       Briefly describe the organization's mission:       7         The mission of The Sooner Theatre is to change lives, offer diverse perspectives and created cultural connection to the community through the performing arts and arts education.       6         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?       Yes |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: The mission of The Sooner Theatre is to change lives, offer diverse perspectives and crea cultural connection to the community through the performing arts and arts education. Did the organization undertake any significant program services during the year which were not listed on the                                                                                                                                                                                                                                                               | No           |
| <ul> <li>Briefly describe the organization's mission:         <u>The mission of The Sooner Theatre is to change lives, offer diverse perspectives and created cultural connection to the community through the performing arts and arts education.</u> </li> <li>Did the organization undertake any significant program services during the year which were not listed on the</li> </ul>                                                                                                                                                                                                                                                                                            | <u>lte a</u> |
| cultural connection to the community through the performing arts and arts education.       Did the organization undertake any significant program services during the year which were not listed on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ] No         |
| cultural connection to the community through the performing arts and arts education.       Did the organization undertake any significant program services during the year which were not listed on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ] No         |
| 2 Did the organization undertake any significant program services during the year which were not listed on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _            |
| prior Form 990 or 990-EZ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No           |
| If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No           |
| and significant charges in now it conducts, any program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · No         |
| If "Yes," describe these changes on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 100        |
| <ul> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured by</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |
| expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |
| the total expenses, and revenue, if any, for each program service reported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| 4a (Code:) (Expenses \$257,357 including grants of \$) (Revenue \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | )            |
| Children's musical theatre education classes and summer camp programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| 4b (Code:) (Expenses \$63,456 including grants of \$ ) (Revenue \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | )            |
| Main Event and Sooner Stage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | /            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| 4c         (Code:) (Expenses \$59,190 including grants of \$) (Revenue \$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | )            |
| Fundraising Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b></b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| 4d Other program services (Describe on Schedule O.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
| (Expenses \$ including grants of \$ ) (Revenue \$ )         4e Total program service expenses > 380,003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 990 (201 151 |

| γ,         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Г        |          |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|----------|
| F          | orm 990 (2019) Sconer Theatre of Norman Inc 51-0196                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |          | Item 1   |
| la de seta | Part IV Checklist of Required Schedules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 529          | l        |          |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Yes      | No       |
| 1          | the indication of the indicati |              |          |          |
| _          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1            | x        |          |
| 2          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2            |          | x        |
| 3          | and a services of a service pointed of man out pointed of the services of behavior of in opposition to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |          |          |
| 4          | candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3            |          | <u>x</u> |
|            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |          |          |
| 5          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4            |          | <u>x</u> |
|            | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5            |          |          |
| 6          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>–</b>     | <u> </u> | <u>x</u> |
|            | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |          |          |
|            | "Yes," complete Schedule D, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6            |          | x        |
| 7          | and a second control of the dia double value in case them, including ease them is to preserve open space,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |          |          |
|            | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7            |          | x        |
| 8          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |          |          |
| 9          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8            |          | x        |
| 9          | a signification of the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [            |          |          |
|            | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |          |          |
| 10         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9            |          | X        |
|            | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10           |          |          |
| 11         | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10           | 1. A. S. | X        |
|            | VII, VIII, IX, or X as applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |          |          |
|            | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Size and the |          |          |
|            | complete Schedule D, Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11a          | x        |          |
|            | b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |          |          |
|            | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11b          |          | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11c          |          | x        |
|            | d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |          |          |
|            | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11d          |          | <u> </u> |
|            | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11e          | X        | ·        |
|            | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 116          |          |          |
| 12         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>11f</u>   |          | <u>x</u> |
|            | Schedule D, Parts XI and XII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12a          |          | x        |
|            | b Was the organization included in consolidated, independent audited financial statements for the tax year? If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |          | <u> </u> |
|            | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12b          |          | <u>x</u> |
| 13         | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13           |          | x        |
| 14         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14a          |          | x        |
| l          | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |          |          |
| 15         | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 14b          |          | X        |
| 15         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |          |          |
| 16         | Tor any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15           |          | <u> </u> |
|            | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16           |          |          |
| 17         | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10           |          | <u>x</u> |
|            | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 17           |          | v        |
| 18         | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |          | <u>x</u> |
|            | 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           |          | х        |
| 20         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20a          |          | x        |
|            | 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           |          | 152      |

| For                                                                                                             | m 990 (2019) Sooner Theatre of Norman Inc. 51 0100                                                                                                     |            | Γ      | Item 1.   |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|-----------|
| the second se | m 990 (2019)         Sooner Theatre of Norman Inc         51-0196           art IV         Checklist of Required Schedules (continued)         51-0196 | 629        |        |           |
|                                                                                                                 |                                                                                                                                                        |            | Yes    | No        |
| 22                                                                                                              | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                          | <u> </u>   |        |           |
|                                                                                                                 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                            | 22         |        | x         |
| 23                                                                                                              | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                                                    |            |        |           |
|                                                                                                                 | organization's current and former officers, directors, trustees, key employees, and highest compensated                                                |            |        |           |
| •••                                                                                                             | employees? If "Yes," complete Schedule J                                                                                                               | 23         |        | x         |
| 24a                                                                                                             | and the state of the external bold bold 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                                          |            |        | 1         |
|                                                                                                                 | through 24d and complete Schedule K. If "No," go to line 25a                                                                                           | 24a        |        | x         |
| b                                                                                                               | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                      | 24b        |        |           |
| C                                                                                                               | Did the organization maintain an escrow account other than a refunding escrow at any time during the year                                              |            |        | 1         |
| <b>ا</b> م                                                                                                      | to defease any tax-exempt bonds?                                                                                                                       | 24c        |        |           |
| d<br>25a                                                                                                        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                | 24d        |        |           |
| ZJa                                                                                                             | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                           |            |        | 1         |
| b                                                                                                               | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                          | 25a        |        | <u>x</u>  |
| Ň                                                                                                               | 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     |            |        |           |
| 26                                                                                                              | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                        | 25b        |        | <u>x</u>  |
|                                                                                                                 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                |            |        | i         |
|                                                                                                                 | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II                                                     |            |        |           |
| 27                                                                                                              | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key                                      | 26         |        | <u>x</u>  |
|                                                                                                                 | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee                                                 |            |        |           |
|                                                                                                                 | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these                                                 |            |        |           |
|                                                                                                                 | persons? If "Yes," complete Schedule L, Part III                                                                                                       |            |        |           |
| 28                                                                                                              | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part                                         | 27         | Sec. 1 | X         |
|                                                                                                                 | IV instructions, for applicable filing thresholds, conditions, and exceptions):                                                                        |            |        |           |
| а                                                                                                               | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                                       | NO. EX     |        |           |
|                                                                                                                 | "Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·                                                                                | 28a        |        | v         |
| b                                                                                                               | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                        | 28b        |        | <u> </u>  |
| С                                                                                                               | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If                                              | 200        |        | <u>x</u>  |
|                                                                                                                 | "Yes," complete Schedule L, Part IV                                                                                                                    | 28c        |        | x         |
| 29                                                                                                              | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                               | 29         |        | <br>X     |
| 30                                                                                                              | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified                                         |            |        | <u></u>   |
|                                                                                                                 | conservation contributions? If "Yes," complete Schedule M                                                                                              | 30         |        | x         |
| 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         |        | x         |
| 35a                                                                                                             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                | 35a        |        | X         |
| b                                                                                                               | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a                                                |            |        |           |
| ••                                                                                                              | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                              | 35b        |        |           |
| 36                                                                                                              | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable                                                   |            |        |           |
| ~-                                                                                                              | related organization?/f "Yes," complete Schedule R, Part V, line 2                                                                                     | 36         |        | <u>x</u>  |
| 37                                                                                                              | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                       |            |        |           |
| 20                                                                                                              | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                           | 37         |        | x         |
| 38                                                                                                              | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and                                             |            |        |           |
| Par                                                                                                             | 19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IPS Filings and Tax Compliance                          | 38         | x      | <u></u>   |
| <u>r</u> dí                                                                                                     |                                                                                                                                                        |            |        | <b>LJ</b> |
| <u> </u>                                                                                                        | Check if Schedule O contains a response or note to any line in this Part V                                                                             | · · · ·    |        |           |
| 1a                                                                                                              | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                           | 2.01 A.I.  | Yes    | No        |
| b                                                                                                               | Enter the number of Form W/20 included in line de Enter O it at a line to                                                                              |            | 1.5    |           |
| c                                                                                                               | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable                                                                         |            |        |           |
| Ŭ                                                                                                               | reportable gaming (gambling) winnings to prize winners?                                                                                                | SS         | ana ka |           |
| EEA                                                                                                             |                                                                                                                                                        | 1c<br>Form | X      | 153       |
|                                                                                                                 |                                                                                                                                                        |            | しつひ しん |           |

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|          | n 990 (2019) Sooner Theatre of Norman Inc<br>rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 51-0196629          | Item 1   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| 2000     | Cartinier of the second s |                     | ·        |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                 | s No     |
|          | Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.0                 |          |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10<br>••••• 2b x    |          |
|          | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · · · · · 2b X    |          |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | · · · · · · · · 3a  | 4        |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | x        |
| 4a       | 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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4a                  | x        |
| 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |          |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •••••5a             | X        |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5b                  | x        |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c                  |          |
| 6a       | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ••••• 6a            | x        |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |          |
| _        | gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •••••• 6b           |          |
| 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 services provided to the payor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · 7a      | x        |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · · · · · · · 7b    |          |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |          |
| d        | required to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · · · · · · · 7c    | x        |
| e        | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |          |
| f        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · · · · · · 7e      | x        |
| g        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · · · · · · · 7f    | x        |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · · · · · 7g        | x        |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ••••••• 7h          | X        |
|          | sponsoring organization have excess business holdings at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |          |
| 9        | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •••••               | X        |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9a                  |          |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X<br>X   |
| 10       | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |          |
| а        | Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |          |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |          |
| 11       | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (S. 2. 1) (S. 2. 1) |          |
| а        | Gross income from members or shareholders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |          |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |          |
|          | against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |          |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | · · · · · 12a       |          |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |          |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |          |
| а        | 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<br>14a | Enter the amount of reserves on hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |          |
| 14a<br>b | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | · · · · · 14a       | x        |
| b<br>15  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · · · · 14b       | <u> </u> |
| 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       | If "Yes," see instructions and file Form 4720, Schedule N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |          |
| 10       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | · · · · ·   16      | X        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |          |

Form 990 (201<u>9)</u>

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|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Fo  | m 990 (2019) Sooner Theatre of Norman Inc 51-0196629                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |
| P   | art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Item 1                                                                                      |
|     | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                                                                           |
| Se  | ection A. Governing Body and Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · · M                                                                                       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s No                                                                                        |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |
|     | If there are material differences in voting rights among members of the governing body, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |
|     | if the governing body delegated broad authority to an executive committee or similar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |
|     | committee, explain on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                           |
| b   | - independent · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |
|     | any other officer, director, trustee, or key employee?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                           |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |
|     | supervision of officers, directors, or trustees, or key employees to a management company or other person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | x                                                                                           |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | x                                                                                           |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | x                                                                                           |
| 6   | Did the organization have members or stockholders?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>+</u>                                                                                    |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |
|     | one or more members of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | x                                                                                           |
| b   | and any generative decisions of the organization reserved to (or subject to approval by) members,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |
| •   | stockholders, or persons other than the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | x                                                                                           |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |
|     | the year by the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |
| a   | The governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | an anti-article                                                                             |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |
| Sec | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | x                                                                                           |
|     | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No                                                                                          |
| b   | If "Yes " did the organization have written policies and encode and enco                                                                                                                                                                                                                                             | x                                                                                           |
| ~   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |
| 11a | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? <b>10b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |
| b   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?<br>Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |
| 12a | Did the organization have a written conflict of interaction in a training of the second                                                                                                                                                                                                                                              |                                                                                             |
| b   | Were officers directors or trustees and key employees required to diaches example in the table of the trustees and key employees required to diaches example in the table of ta |                                                                                             |
| C   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |
|     | describe in Schedule O how this was done                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |
| 13  | Did the organization have a written whistlehlower policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ļ                                                                                           |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | x                                                                                           |
| 15  | Did the process for determining compensation of the following persons include a review and approval by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A UNIVERSITY                                                                                |
|     | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |
| а   | The organization's CEO. Executive Director, or ton management official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |
| b   | Other officers or key employees of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b> </b>                                                                                    |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X                                                                                           |
|     | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |
|     | Organization's exempt status with respect to such arrangemented                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>BOLAN</b>                                                                                |
| Sec | tion C. Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L                                                                                           |
| 17  | List the states with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                                                       |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |
|     | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |
|     | Own website Another's website I Upon request Other (explain on Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |
|     | and financial statements available to the public during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |
|     | Nicole Kraisky (405)321-9600, 101 E Main Street, Norman, OK 73069                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |
| EEA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |

|                                                                                                                                                          |                                                                                                                        | -       |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|--|--|
| Form 990 (20<br>Part VII                                                                                                                                 |                                                                                                                        | Item 1. |  |  |  |  |  |
| al al vi                                                                                                                                                 | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees<br>Independent Contractors | , anu   |  |  |  |  |  |
|                                                                                                                                                          | Check if Schedule O contains a response or note to any line in this Part VII                                           | · . 'n  |  |  |  |  |  |
| Section A.                                                                                                                                               | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees                                        |         |  |  |  |  |  |
| 1a Complete t                                                                                                                                            | his table for all persons required to be listed. Report compensation for the calendar year ending with or within the   |         |  |  |  |  |  |
| organization's tax year.                                                                                                                                 |                                                                                                                        |         |  |  |  |  |  |
| <ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of</li> </ul> |                                                                                                                        |         |  |  |  |  |  |

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.

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

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

|                                       |                        |                                   |                       | (       | (C)          |                              |        |                                 |                                  |                                        |
|---------------------------------------|------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|----------------------------------|----------------------------------------|
| (A)                                   | (B)                    |                                   |                       | Pos     | sition       |                              |        | (D)                             | (E)                              | (17)                                   |
| Name and title                        | Average                |                                   |                       |         |              | nan one<br>s both an         |        | (D)<br>Reportable               | (=)<br>Reportable                | (F)<br>Estimated amount                |
|                                       | hours                  |                                   |                       |         |              | /trustee)                    |        | compensation                    | compensation                     | of other                               |
|                                       | per week               |                                   |                       |         |              | ,                            |        | from the                        | from related                     | compensation                           |
|                                       | (list any<br>hours for | 9 5                               | Ĩ                     | Q       | 7            | e I                          | 7      | organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC) | from the<br>organization and           |
|                                       | related                | Individual trustee<br>or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (11-2) 1033-10130)              | (** 2/1000-11100)                | related organizations                  |
|                                       | organizations          | tor t                             | ional                 |         | nploj        | <i>e</i> 8                   | -      |                                 |                                  |                                        |
|                                       | below                  | uste                              | 5 LT                  |         | /ee          | nper                         |        |                                 |                                  |                                        |
|                                       | dotted line)           | e                                 | fee                   | [       |              | nsate                        |        |                                 |                                  |                                        |
|                                       |                        |                                   |                       |         |              | ä                            |        |                                 |                                  |                                        |
| · · · · · · · · · · · · · · · · · · · |                        |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| (1) Vicki Worster                     | 1.00                   |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| President                             |                        | х                                 |                       | x       |              |                              |        | 0                               | 0                                | 0                                      |
| (2) Shannon Roth                      | 1.00                   |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Vice President                        |                        | x                                 |                       | x       |              |                              |        | 0                               | 0                                | 0                                      |
| (3) Matt_Robinson                     | 1.00                   |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Treasurer                             |                        | x                                 |                       | x       |              |                              |        | 0                               | 0                                | 0                                      |
| (4) Beth Muckala                      | 1.00                   |                                   |                       |         |              |                              |        |                                 |                                  | ······································ |
| Secretary                             |                        | x                                 |                       | x       |              |                              |        | 0                               | 0                                | 0                                      |
| (5) Mark Ledbetter                    | 1.00                   |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Past President                        |                        | x                                 |                       | x       |              |                              |        | 0                               | 0                                | 0                                      |
| (6) Miranda Beatty                    | <u>1.00</u>            |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Director                              |                        | x                                 |                       |         |              |                              |        | 0                               | 0                                | 0                                      |
| (7) Megan Benn                        | 1.00                   |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Director                              |                        | x                                 |                       |         |              |                              |        | 0                               | 0                                | 0                                      |
| (8) Lindsey Hawkins                   | 1.00                   |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Director                              |                        | x                                 |                       |         |              |                              |        | 0                               | 0                                | 0                                      |
| (9) Karen McIntosh-Telford            | 1.00                   |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Director                              |                        | x                                 |                       |         |              |                              |        | 0                               | 0                                | 0                                      |
| (10)Ashley Murphy                     | <u>1.00</u>            |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Director                              |                        | x                                 |                       | _       |              |                              |        | 0                               | 0                                | 0                                      |
| (11)Meg Newville                      | <u> </u>               |                                   |                       | 1       |              |                              |        |                                 |                                  |                                        |
| Director                              |                        | х                                 |                       |         |              |                              |        | 0                               | 0                                | 0                                      |
| (12)LeAnne Pence                      | <u>1.00</u>            |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Director                              |                        | x                                 |                       |         |              |                              |        | 0                               | 0                                | 0                                      |
| (13)Beth_Pepper                       | <u>1 .00</u>           |                                   |                       |         |              |                              |        |                                 |                                  |                                        |
| Director                              |                        | x                                 |                       |         |              |                              |        | o                               | 0                                | 0                                      |
| (14)Jennifer Vice                     | <u>1.0</u> 0           |                                   |                       |         |              |                              |        |                                 |                                  | ····· / ·····                          |
| Director                              |                        | х                                 |                       |         |              |                              |        | 0                               | 0                                |                                        |
| EEA                                   |                        |                                   |                       |         |              |                              |        |                                 |                                  | Form 990 (201 156                      |

Form 990 (201 156

|               | 990 (2019) Sooner Theatre of                                                                                                      |                                                                          |                     |                       |                         |              | <u> </u>                                            |               |                                                                                  | 51-019                                                                                | 6629                                                                                                           | Item 1.                    |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------|-----------------------|-------------------------|--------------|-----------------------------------------------------|---------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|
| Par           | tVII Section A. Officers, Directors, Trustees,                                                                                    | Key Employ                                                               | ees, ai             | nd H                  |                         |              | ompe                                                | ensa          | ted Employees (co                                                                | ontinued)                                                                             | ······································                                                                         |                            |
|               | (A)<br>Name and title                                                                                                             | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for<br>related | box                 | unles<br>er and       | Pos<br>eck m<br>ss per: | son is       | han one<br>both a<br>/trustee<br>Highest<br>employe | n<br>)        | (D)<br>Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated a<br>of oth<br>compens<br>from th<br>organizatio<br>related organ                             | er<br>ation<br>e<br>on and |
| (45)          |                                                                                                                                   | organizations<br>below<br>dotted line)                                   |                     | Institutional trustee |                         | oyee         | Highest compensated employee                        |               |                                                                                  |                                                                                       |                                                                                                                |                            |
|               | nanda Ward                                                                                                                        | 1.00                                                                     | x                   |                       |                         |              |                                                     |               | 0                                                                                | 0                                                                                     |                                                                                                                | 0                          |
|               | ennifer_Baker                                                                                                                     | 40.00                                                                    |                     |                       |                         |              |                                                     |               | <b>U</b>                                                                         |                                                                                       | ······                                                                                                         | 0                          |
|               | utive Director                                                                                                                    |                                                                          |                     |                       |                         | x            |                                                     |               | 49,600                                                                           | 0                                                                                     |                                                                                                                | 0                          |
| <u>[11</u> ]_ |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
| (18)          |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
| (19)          |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
|               |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
|               |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
| (22)          |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
| (23)          |                                                                                                                                   |                                                                          | •                   |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
| (24)          |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
| (25)          |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
| 1b            |                                                                                                                                   | • • • • • • •                                                            |                     | • • •                 | •••                     | • •          | •••                                                 | • •           |                                                                                  |                                                                                       |                                                                                                                | · · · · · ·                |
| c<br>d        | Total from continuation sheets to Part VII, Section                                                                               |                                                                          |                     | •••                   | •••                     | •••          | •••                                                 | • •           |                                                                                  |                                                                                       |                                                                                                                |                            |
| 2             | Total (add lines 1b and 1c)<br>Total number of individuals (including but not limited                                             | to those liste                                                           | ed abo              | ve) w                 | vho r                   | ecei         | ved m                                               | ore i         | <b>49,600</b> than \$100,000 of                                                  | 0                                                                                     |                                                                                                                | 0                          |
|               | reportable compensation from the organization                                                                                     | •                                                                        |                     |                       |                         |              |                                                     |               | · · · · · · · · · · · · · · · · · · ·                                            | <del></del>                                                                           |                                                                                                                | 0                          |
| 3             | Did the organization list any <b>former</b> officer, director, to<br>employee on line 1a? <i>If "Yes," complete Schedule J</i> ff | rustee, key er<br>or such individ                                        | nploye<br>dual      | e, or                 | high                    |              |                                                     |               | ed                                                                               |                                                                                       | Yes<br>3                                                                                                       | No                         |
| 4             | For any individual listed on line 1a, is the sum of reportant organization and related organizations greater than \$              | ortable comp                                                             | oensati             | on a<br>omple         | nd of<br>e <i>te S</i>  | ther<br>Sche | comp<br>dule J                                      | ensa<br>for s | ation from the                                                                   |                                                                                       |                                                                                                                | X                          |
| 5             |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  | • • • • • • • • •                                                                     | 4                                                                                                              | X                          |
| 5             | Did any person listed on line 1a receive or accrue co<br>for services rendered to the organization? If "Yes," co                  | ompensation                                                              | τrom a<br>dule .1 f | iny u<br>or su        | nrela<br>Ich n          | ited         | organ<br>n                                          | Izatio        | on or individual                                                                 |                                                                                       | 5                                                                                                              |                            |
| Secti         | on B. Independent Contractors                                                                                                     |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                | X                          |
| 1             | Complete this table for your five highest compensation                                                                            | ed independe                                                             | ent con             | tract                 | ors t                   | hat i        | receiv                                              | ed m          | ore than \$100,000                                                               | of                                                                                    |                                                                                                                |                            |
|               | compensation from the organization. Report compe                                                                                  | nsation for th                                                           | e caler             | luar                  | year                    | enc          | ling wi                                             | th or         | Within the organiza                                                              | ation's tax year.                                                                     | (C)                                                                                                            |                            |
| <del></del>   | Name and business address                                                                                                         |                                                                          |                     |                       |                         |              |                                                     |               | Description of service                                                           | s                                                                                     | Compensation                                                                                                   |                            |
|               |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
|               |                                                                                                                                   |                                                                          |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       |                                                                                                                |                            |
|               | Total number of independent as the first of the                                                                                   | h                                                                        |                     |                       |                         |              |                                                     |               |                                                                                  |                                                                                       | na series and series a | ACCEPT AND A               |
| 2             | Total number of independent contractors (including received more than \$100,000 of compensation from                              |                                                                          |                     | ose li                | sted                    | abo          | ve) wl                                              | ho<br>        |                                                                                  |                                                                                       |                                                                                                                | 157                        |

| Form 9 | 90 (2 | 201 |
|--------|-------|-----|
|--------|-------|-----|

|                           | 90 (20<br>VIII |                                                   | er T<br>Veni | <u>heatre c</u><br>l <b>e</b> | of No    | orman Inc                              |                                                 |                   | 51-01966                            | 529                       | lte                  |
|---------------------------|----------------|---------------------------------------------------|--------------|-------------------------------|----------|----------------------------------------|-------------------------------------------------|-------------------|-------------------------------------|---------------------------|----------------------|
| 00000000000               | 20.09.000.094  | Check if Schedule O c                             |              |                               | e or no  | te to any line in thi                  | s Part VIII                                     |                   |                                     |                           |                      |
|                           |                |                                                   |              |                               |          |                                        | (A)                                             | (B)               | (C)                                 | (D)                       |                      |
|                           |                |                                                   |              |                               |          |                                        | Total revenue                                   | Related or exempt | Unrelated                           | Revenue ex                | ,                    |
|                           |                |                                                   |              |                               |          |                                        |                                                 | function revenue  | business revenue                    | from tax<br>sections 5    |                      |
|                           | 1a             | Federated campaigns                               |              |                               | 1a       | 1                                      |                                                 | 1.00 1.00 000     |                                     | Sections 5                | <u>12-01-</u>        |
| ន                         | b              | Membership dues                                   |              |                               | 1b       |                                        |                                                 |                   |                                     |                           |                      |
| Lino<br>Lino              | c              | Fundraising events                                |              |                               | 1c       | 103,993                                |                                                 |                   |                                     |                           |                      |
| Am                        | d              |                                                   |              |                               | 1d       |                                        |                                                 |                   |                                     |                           |                      |
| lar                       | e              | graine (com                                       |              |                               | 1e       |                                        |                                                 |                   |                                     |                           |                      |
| and Other Similar Amounts | f              | e an e an e a conta io a a on io, ga              |              | -                             |          |                                        |                                                 |                   |                                     |                           |                      |
| Jer.                      |                | and similar amounts not i                         |              | -                             | 1f       | 204,469                                |                                                 |                   |                                     |                           |                      |
| õ                         | 9              | Noncash contributions in                          |              |                               |          |                                        |                                                 |                   |                                     |                           |                      |
| and                       | 1.             | lines 1a-1f                                       | • • • •      | ••••                          | 1g       | \$                                     |                                                 |                   |                                     |                           | - 0 i                |
|                           | n              | Total. Add lines 1a-1f                            | • • •        | • • • • • •                   | •••      | •••••                                  | 308,462                                         |                   |                                     |                           |                      |
|                           | 20             |                                                   |              |                               | i        | Business Code                          |                                                 |                   |                                     |                           |                      |
|                           |                | Production Revenu                                 | ue           | ·                             |          | 711110                                 | 112,656                                         | 112,656           |                                     |                           |                      |
| an                        |                | b <u>Studio Revenue</u><br>© Advertising          |              |                               |          | 711110                                 | 450,166                                         | 450,166           |                                     |                           |                      |
| Ven                       | d              |                                                   |              |                               |          | 711110                                 | 5,788                                           |                   | 5,788                               |                           |                      |
| e<br>K                    | e              |                                                   |              |                               |          |                                        |                                                 |                   |                                     |                           | -                    |
| Kevenue                   | f              | All other program service r                       | evenu        | e                             |          | 711110                                 | 15 200                                          | 15 206            |                                     |                           |                      |
|                           |                |                                                   |              |                               |          | · · · · · · · • •                      | <u>15,396</u><br>584,006                        | 15,396            |                                     | ale and the second second |                      |
|                           | 3              | Investment income (includ                         |              |                               |          | ······································ | 504,000                                         |                   |                                     |                           |                      |
|                           |                | other similar amounts)                            |              |                               | •••      | · · · · · · · <b>·</b> •               | 2,698                                           | 2,698             |                                     |                           |                      |
|                           | 4              | Income from investment of                         | f tax-ex     | empt bond (                   | procee   | eds · · · Þ                            |                                                 | 2,050             |                                     |                           |                      |
|                           | 5              | Royalties • • • • • • • • •                       | • • •        |                               |          | 🕨                                      |                                                 |                   |                                     |                           |                      |
|                           | Į              |                                                   |              | (i) Real                      |          | (ii) Personal                          |                                                 | 2 . C             |                                     |                           |                      |
|                           | 1              | Gross rents                                       |              | 29,                           | 327      |                                        |                                                 |                   |                                     | 11.1                      |                      |
|                           | 1              | Less: rental expenses · ·                         |              | 5,                            | 440      |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | Rental income or (loss)                           | 6c           | 23,                           | 887      |                                        |                                                 |                   |                                     |                           | 21 - 14<br>- 14 - 14 |
|                           | d              | Net rental income or (loss)                       | · · ·        |                               | · · · ·  | • • • • • • •                          | 23,887                                          | 23,887            |                                     |                           |                      |
|                           |                | Gross amount from                                 |              | (i) Securities                | s        | (ii) Other                             |                                                 |                   |                                     |                           |                      |
|                           |                | sales of assets other than inventory              | 7-           |                               |          |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | Less: cost or other basis and sales expenses .    | 7a<br>7b     |                               |          |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | Gain or (loss)                                    |              |                               |          |                                        | -                                               |                   |                                     |                           |                      |
|                           |                | Net gain or (loss)                                |              |                               | ]        |                                        |                                                 |                   |                                     |                           |                      |
|                           | 8a             | Gross income from fundral                         | sina         |                               |          |                                        | an langu sa |                   |                                     | and and the second        |                      |
|                           |                | events (not including \$                          | -            | .03,993                       |          |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | of contributions reported or                      |              |                               |          |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | 1c). See Part IV, line 18                         |              |                               | 8a       |                                        |                                                 |                   |                                     |                           |                      |
|                           | b              | Less: direct expenses .                           |              |                               | 8b       |                                        |                                                 |                   |                                     | - Stranger                |                      |
|                           | C              | Net income or (loss) from fr                      | undrai       | sing events                   | • •      | · · · · · ►                            |                                                 |                   |                                     |                           |                      |
|                           | 9a             | Gross income from gaming                          | F            |                               |          | ······                                 |                                                 |                   |                                     |                           |                      |
|                           |                | activities, See Part IV, line '                   | 19 •         |                               | 9a       |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | •                                                 |              | • • • • •                     | 9b       |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | Net income or (loss) from g                       | -            | activities                    | •••      | •••• •                                 |                                                 |                   |                                     |                           |                      |
|                           | 10a            | Gross sales of inventory, le                      | SS           |                               |          |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | returns and allowances                            |              |                               | 10a      |                                        |                                                 |                   |                                     |                           | 9498.<br>1988 - 1    |
|                           |                | 0                                                 |              | · · · · ·                     | 10b      | E                                      |                                                 |                   |                                     |                           |                      |
| -+                        | <u> </u>       | Net income or (loss) from s                       | ales o       | inventory                     | · · · ·  | ···· ►                                 |                                                 |                   | 2022 S. 2013 Sect. Aug. 2013 Aug. 4 |                           | Big Stationary       |
|                           | 11a            | Other Revenues                                    |              |                               | Ŀ        | Business Code                          |                                                 |                   |                                     |                           | 84.1                 |
|                           |                | <u>Other Revenues</u><br><u>Miscellaneous</u> Inc | 0000         |                               |          | 000099                                 | 932                                             | 932               |                                     |                           |                      |
|                           | c              |                                                   | ento         |                               | F        | 00099                                  | 2,653                                           | 2,653             |                                     |                           |                      |
|                           | -              | All other revenue                                 |              |                               | <u> </u> |                                        |                                                 |                   |                                     |                           |                      |
|                           |                | Total. Add lines 11a-11d                          |              |                               |          | · · · · ·                              | 3,585                                           |                   |                                     | 1. A. A                   | 12504                |
|                           |                | Total revenue. See instruct                       |              |                               |          |                                        | ,503                                            |                   |                                     |                           |                      |

|        | tion 501(c)(3) and 501(c)(4) organizations must complete all coll<br>Check if Schedule O contains a response or note to                    | o any line in this Part IX |                                       |                                    |                                             |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------|------------------------------------|---------------------------------------------|
| Doı    | not include amounts reported on lines 6b, 7b,                                                                                              | (A)                        | (B)                                   | (C)                                | (D)                                         |
| 8b, :  | 9b, and 10b of Part VIII.                                                                                                                  | Total expenses             | Program service<br>expenses           | Management and<br>general expenses | Fundraising<br>expenses                     |
| 1      | Grants and other assistance to domestic organizations                                                                                      |                            |                                       | a contract of the second           |                                             |
|        | 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                                                                                          |                            |                                       |                                    |                                             |
| 1      | Benefits paid to or for members                                                                                                            |                            |                                       |                                    |                                             |
| 5      | Compensation of current officers, directors,                                                                                               |                            |                                       |                                    |                                             |
|        | trustees, and key employees                                                                                                                | 49,600                     |                                       | 10 600                             |                                             |
| ;      | Compensation not included above, to disqualified                                                                                           | 49,000                     |                                       | 49,600                             | ······                                      |
|        | persons (as defined under section 4958(f)(1)) and                                                                                          |                            |                                       |                                    |                                             |
|        | persons described in section 4958(c)(3)(B)                                                                                                 |                            |                                       |                                    |                                             |
| ,      | Other salaries and wages                                                                                                                   | 175 005                    |                                       | 175.005                            |                                             |
| 3      | Pension plan accruals and contributions (include                                                                                           | 175,025                    |                                       | 175,025                            | <u> </u>                                    |
|        | section 401(k) and 403(b) employer contributions)                                                                                          |                            |                                       |                                    |                                             |
| 9      | Other employee benefits                                                                                                                    |                            |                                       |                                    |                                             |
| ,<br>) | Payroll taxes                                                                                                                              | 21,961                     |                                       | 21,961                             |                                             |
| )<br>I | Fees for services (nonemployees):                                                                                                          | 17,511                     |                                       | 17,511                             |                                             |
| a      | Management                                                                                                                                 |                            | ł                                     |                                    |                                             |
| b      |                                                                                                                                            |                            |                                       |                                    |                                             |
| c      | Accounting                                                                                                                                 |                            |                                       |                                    |                                             |
| d      |                                                                                                                                            | 7,250                      |                                       | 7,250                              |                                             |
| e      |                                                                                                                                            |                            |                                       |                                    |                                             |
| f      | Professional fundraising services. See Part IV, line 17                                                                                    |                            |                                       |                                    |                                             |
|        | Investment management fees                                                                                                                 |                            | · · · · · · · · · · · · · · · · · · · |                                    |                                             |
| g      | Other. (If line 11g amount exceeds 10% of line 25, column                                                                                  |                            |                                       |                                    |                                             |
| 2      | (A) amount, list line 11g expenses on Schedule O.)                                                                                         |                            |                                       |                                    |                                             |
| 3      | Advertising and promotion                                                                                                                  | 41,182                     |                                       | 41,182                             |                                             |
|        | Office expenses                                                                                                                            | 7,174                      |                                       | 7,174                              |                                             |
| 4      | Information technology                                                                                                                     |                            |                                       |                                    |                                             |
| 5      | Royalties · · · · · · · · · · · · · · · · · · ·                                                                                            |                            |                                       |                                    |                                             |
| 5      | Occupancy                                                                                                                                  | 22,784                     |                                       | 22,784                             |                                             |
| r      | Travel                                                                                                                                     |                            |                                       |                                    |                                             |
| 3      | Payments of travel or entertainment expenses                                                                                               |                            |                                       |                                    |                                             |
|        | for any federal, state, or local public officials                                                                                          |                            |                                       |                                    |                                             |
| Ð      | Conferences, conventions, and meetings                                                                                                     | 598                        |                                       | 598                                |                                             |
| )      |                                                                                                                                            | 55,130                     |                                       | 55,130                             |                                             |
|        | Payments to affiliates                                                                                                                     |                            |                                       |                                    |                                             |
| 2      | Depreciation, depletion, and amortization                                                                                                  | 61,000                     |                                       | 61,000                             |                                             |
| }      | Insurance                                                                                                                                  | 24,446                     |                                       | 24,446                             |                                             |
| ŀ      | Other expenses. Itemize expenses not covered                                                                                               |                            |                                       |                                    |                                             |
|        | above (List miscellaneous expenses on line 24e. If                                                                                         |                            |                                       |                                    |                                             |
|        | line 24e amount exceeds 10% of line 25, column                                                                                             |                            |                                       |                                    |                                             |
|        | (A) amount, list line 24e expenses on Schedule O.)                                                                                         |                            |                                       |                                    |                                             |
| а      | Production Cost                                                                                                                            | 63,456                     | 63,456                                |                                    | New York, and the set of the set of the set |
| b      | Studio Cost                                                                                                                                | 257,357                    | 257,357                               |                                    |                                             |
| С      | Fund Raising Expense                                                                                                                       | 59,190                     | 59,190                                |                                    |                                             |
| d      | Community Outreach                                                                                                                         | 590                        |                                       | E00                                |                                             |
| е      | All other expenses                                                                                                                         | 55,282                     |                                       | 590                                |                                             |
|        | Total functional expenses. Add lines 1 through 24e                                                                                         | 919,536                    | 200 000                               | 55,282                             |                                             |
| ;      | Joint costs. Complete this line only if the<br>organization reported in column (B) joint costs<br>from a combined educational campaign and | 919,536                    | 380,003                               | 539,533                            |                                             |
|        | fundraising solicitation. Check here <b>F</b> if following SOP 98-2 (ASC 958-720)                                                          |                            |                                       |                                    |                                             |

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 Form 990 (2019)
 Sooner Theatre of Norman Inc.

 Part IX
 Statement of Functional Expenses

51-0196629

|            | 990 (20<br>t X | 019) Sooner Theatre of Norman Inc<br>Balance Sheet                           | 5                        | 1-01  | 96629              | Iter        |
|------------|----------------|------------------------------------------------------------------------------|--------------------------|-------|--------------------|-------------|
| <u>a</u> . | וא             | Check if Schedule O contains a response or note to any line in this Part X   |                          |       |                    |             |
| ·····      | ······         | check a concade o contains a response of note to any life in this Part X     | (A)                      | · · · | (B)                | •           |
|            |                |                                                                              | (A)<br>Beginning of year |       | (B)<br>End of year |             |
|            | 1              | Cash - non-interest-bearing                                                  | 179,606                  | 1     |                    |             |
|            | 2              | Savings and temporary cash investments                                       |                          | 2     | 263                | 100         |
|            | 3              | Pledges and grants receivable, net                                           |                          | 3     | ·····              |             |
|            | 4              | Accounts receivable, net                                                     | 11,256                   | 4     | 16                 | ,23         |
|            | 5              | Loans and other receivables from any current or former officer, director,    | 11,230                   |       | 10                 | <u>, 23</u> |
|            |                | trustee, key employee, creator or founder, substantial contributor, or 35%   |                          | 1.10  |                    |             |
|            |                | controlled entity or family member of any of these persons                   |                          | 5     |                    | 0.0123      |
|            | 6              | Loans and other receivables from other disqualified persons (as defined      |                          |       |                    |             |
|            |                | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |                          | 6     |                    | <u> </u>    |
| ر<br>م     | 7              | Notes and loans receivable, net                                              |                          | 7     |                    |             |
| Assets     | 8              | Inventories for sale or use                                                  | 200                      | 8     |                    |             |
| AS         | 9              | Prepaid expenses and deferred charges                                        | 117,943                  | 9     | 1.01               | 20          |
|            | 10a            | Land, buildings, and equipment: cost or other                                |                          |       | 101                | <u>,80</u>  |
| [          |                | basis. Complete Part VI of Schedule D 10a 2,318,559                          |                          |       |                    | Š.S         |
|            | b              | Less: accumulated depreciation                                               | 1,662,107                | 10c   | 1 600              |             |
|            | 11             | Investments - publicly traded securities                                     | 1,002,107                | 11    | 1,699              | ,94         |
|            | 12             | Investments - other securities. See Part IV, line 11                         |                          | 12    |                    |             |
|            | 13             | Investments - program-related. See Part IV, line 11                          |                          | 13    |                    |             |
|            | 14             | Intangible assets                                                            |                          | 14    |                    |             |
|            | 15             | Other assets. See Part IV, line 11                                           | 2,164                    | 15    |                    | 1.0         |
|            | 16             | Total assets. Add lines 1 through 15 (must equal line 33)                    | 1,973,276                | 16    |                    | ,16         |
|            | 17             | Accounts payable and accrued expenses                                        | 29,816                   | 17    | 2,082              |             |
|            | 18             | Grants payable                                                               | 23,010                   | 18    | 19                 | ,88:        |
|            | 19             | Deferred revenue                                                             |                          | 19    |                    |             |
|            | 20             | Tax-exempt bond liabilities                                                  |                          | 20    |                    |             |
|            | 21             | Escrow or custodial account liability. Complete Part IV of Schedule D        |                          | 20    |                    | ·           |
| 2          | 22             | Loans and other payables to any current or former officer, director,         |                          |       |                    |             |
|            |                | trustee, key employee, creator or founder, substantial contributor, or 35%   |                          |       |                    |             |
|            |                | controlled entity or family member of any of these persons                   |                          | 22    |                    | P-5-0       |
| 1          | 23             | Secured mortgages and notes payable to unrelated third parties               | 1,295,400                | 22    | 1 000              | 1.01        |
|            | 24             | Unsecured notes and loans payable to unrelated third parties                 | 1,295,400                | 24    | 1,389,             |             |
|            | 25             | Other liabilities (including federal income tax, payables to related third   |                          |       | 46,                | ,600        |
|            |                | parties, and other liabilities not included on lines 17-24). Complete Part X |                          |       |                    |             |
|            |                | of Schedule D                                                                | 23,834                   | 25    |                    |             |
|            | 26             | Total liabilities. Add lines 17 through 25                                   | 1,349,050                | 26    |                    | (118        |
|            |                | Organizations that follow FASB ASC 958, check here                           | 1,349,030                |       | 1,455,             | , 334       |
|            |                | and complete lines 27, 28, 32, and 33.                                       |                          |       |                    |             |
|            | 27             | Net assets without donor restrictions                                        |                          | 27    |                    | 1 236       |
|            | 28             | Net assets with donor restrictions                                           |                          | 28    |                    | ··          |
| !          |                | Organizations that do not follow FASB ASC 958, check here                    |                          |       |                    | a za        |
|            |                | and complete lines 29 through 33.                                            |                          |       |                    |             |
|            | 29             | Capital stock or trust principal, or current funds                           |                          | 29    |                    | <u></u>     |
|            | 30             | Paid-in or capital surplus, or land, building, or equipment fund             |                          | 30    |                    |             |
|            | 31             | Retained earnings, endowment, accumulated income, or other funds             | 624,226                  | 31    |                    | 300         |
|            | 32             | Total net assets or fund balances                                            | 624,226                  | 32    | <u> </u>           |             |
|            | 33             | Total liabilities and net assets/fund balances                               | 1,973,276                | 33    | , 627<br>, 2,082   |             |

Form 990 (2019)

| Par           | 990 (2019)         Sconer Theatre of Norman Inc         51           TXI         Reconciliation of Net Assets         51                                                                                                                                                   | L-0196629                           | lte                                                    |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|
| in the second | 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                                   | · · · · [                                              |
| 2             | Total expenses (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                   | 2                                   | 922,63                                                 |
| 3             | Revenue less expenses. Subtract line 2 from line 1                                                                                                                                                                                                                         | 3                                   | 919,53                                                 |
| 4             | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                                                                                                                                                                                  | 4                                   | 3,10                                                   |
| 5             | Net unrealized gains (losses) on investments                                                                                                                                                                                                                               | 5                                   | 624,22                                                 |
| 6             | Donated services and use of facilities                                                                                                                                                                                                                                     | 6                                   |                                                        |
| 7             | Investment expenses                                                                                                                                                                                                                                                        | 7                                   |                                                        |
| 8             | Prior period adjustments                                                                                                                                                                                                                                                   | 8                                   |                                                        |
| 9             | Other changes in net assets or fund balances (explain on Schedule O)                                                                                                                                                                                                       | 9                                   |                                                        |
| 10            | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                                                                                                                                                                             |                                     |                                                        |
|               | 32, column (B))                                                                                                                                                                                                                                                            | 10                                  | 627,32                                                 |
|               | Accounting method used to prepare the Form 990: Cash X Accrual Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in<br>Schedule O.                                                                               | -                                   |                                                        |
| 2a            | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                            | ••••• <u>2a</u>                     | X                                                      |
| 2a<br>b       | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                            | •••••• <u>2a</u><br>••••• <u>2b</u> | <mark>8 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)</mark> |
| 2a<br>b<br>c  | Were the organization's financial statements compiled or reviewed by an independent accountant?          If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |                                     |                                                        |
| 2a<br>b<br>c  | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                            | ••••• <u>2</u> b                    |                                                        |
| 2a<br>b<br>c  | Were the organization's financial statements compiled or reviewed by an independent accountant?          If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | ••••• <u>2</u> b                    |                                                        |

Form 990 (2019)

| SCHED | ULE | A |
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# 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.

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

|                  |            | venue Service        | ▶                           | Go to www.irs.go       | ov/Form990 for instruct                                  | ions and th                            | ne latest in                     | formation.               | Inspection                                                     |
|------------------|------------|----------------------|-----------------------------|------------------------|----------------------------------------------------------|----------------------------------------|----------------------------------|--------------------------|----------------------------------------------------------------|
|                  |            | e organization       |                             |                        |                                                          |                                        |                                  | Employer identifica      | CALCULAR CONTRACTOR AND AN ANY ANY ANY ANY ANY ANY ANY ANY ANY |
| Soc              | oner<br>14 | Theatre c            | f Norman Inc                | Ot- ( ) !!             |                                                          | ······································ |                                  | 51-019662                | 9                                                              |
| Colored States 1 | irt l      |                      | for Public Chari            | ty Status (Ali o       | rganizations must o                                      | omplete                                | this part                        | .) See instructions.     |                                                                |
|                  | orga       | nization is not a    | private foundation bec      | ause it is: (For lines | 1 through 12, check only                                 | one box.)                              |                                  |                          |                                                                |
| 1                | H          | A church, conv       | ention of churches, or a    | association of church  | nes described in section                                 | 170(b)(1)(A                            | .)(i).                           |                          |                                                                |
| 2                | Н          | A school descri      | bed in section 170(b)       | (1)(A)(ii). (Attach Sc | hedule E (Form 990 or 99                                 | 90-EZ).)                               |                                  |                          |                                                                |
| 3<br>4           | H          | A nospital or a      | cooperative hospital se     | rvice organization de  | escribed in section 170(b                                | )(1)(A)(iii).                          |                                  |                          |                                                                |
| 4                |            | A medical rese       | arch organization operation | ated in conjunction w  | vith a hospital described in                             | section 1                              | 70(b)(1)(A)                      | (iii). Enter the         |                                                                |
| 5                | П          |                      | e, city, and state:         |                        |                                                          |                                        |                                  |                          |                                                                |
| Ŭ                | L.,,]      |                      | (1)(A)(iv). (Complete F     |                        | niversity owned or operat                                | ted by a go                            | vernmental                       | unit described in        |                                                                |
| 6                | П          |                      |                             |                        | described in section 170                                 | (I.)/A)/A)/                            |                                  |                          |                                                                |
| 7                | X          | An organization      | that normally receive       | s a substantial part   | of its support from a gove                               | (D)(1)(A)(V)                           | ).<br>                           | d                        |                                                                |
|                  |            | described in se      | ction 170(b)(1)(A)(vi).     | (Complete Part II.)    | or its support from a gove                               | ernmentai t                            | init or from                     | the general public       |                                                                |
| 8                | П          |                      | ust described in sectio     |                        | Complete Part II.)                                       |                                        |                                  |                          |                                                                |
| 9                | Ō          |                      |                             |                        | 170(b)(1)(A)(ix) operated                                | t in conjunc                           | tion with a l                    | and grant college        |                                                                |
|                  |            | or university or     | a non-land-grant colle      | ge of agriculture (se  | e instructions). Enter the                               | name citu                              | and state                        | of the college or        |                                                                |
|                  |            | university:          | 0                           | 0                      | in a delicito). Entor ale                                | marrie, eity                           | , and state                      | or the conege of         |                                                                |
| 10               |            | An organization      | that normally receive       | s: (1) more than 33    | 1/3% of its support from                                 | contributior                           | is, member                       | ship fees, and gross     | <u></u>                                                        |
|                  |            | receipts from a      | ctivities related to its e  | xempt functions - su   | ubject to certain exception                              | ns. and (2)                            | no more th                       | an 33 1/3% of its        |                                                                |
|                  |            | support from gr      | oss investment incom        | e and unrelated bus    | siness taxable income (le                                | ss section                             | 511 tax) fro                     | m businesses             |                                                                |
|                  |            | acquired by the      | organization after June     | 30, 1975. See sect     | ion 509(a)(2). (Complete                                 | Part III.)                             |                                  |                          |                                                                |
| 11               |            | An organization      | organized and operate       | ed exclusively to test | for public safety. See sec                               | tion 509(a)                            | (4).                             |                          |                                                                |
| 12               | Ш          | An organization      | organized and operat        | ed exclusively for th  | ne benefit of, to perform the                            | he function                            | s of, or to c                    | arry out the purposes    |                                                                |
|                  |            | of one or more       | oublicly supported orga     | inizations described   | in section 509(a)(1) or se                               | ection 509(                            | a)(2). See                       | section 509(a)(3).       |                                                                |
|                  |            | Check the box i      | n lines 12a through 12      | d that describes the   | e type of supporting organ                               | nization and                           | d complete                       | lines 12e, 12f, and 12g. |                                                                |
|                  | а          | Type I. A su         | upporting organization      | operated, supervised   | d, or controlled by its supp                             | orted orgar                            | nization(s),                     | lypically by giving      |                                                                |
|                  |            | the support          | ed organization(s) the      | power to regularly a   | appoint or elect a majority                              | of the dire                            | ctors or tru                     | stees of the             |                                                                |
|                  |            |                      | organization. You mus       |                        |                                                          |                                        |                                  |                          |                                                                |
|                  | b          | Type II. A s         | upporting organization      | supervised or contro   | olled in connection with its                             | supported                              | organizatio                      | n(s), by having          |                                                                |
|                  |            | control or m         | nanagement of the sur       | porting organization   | n vested in the same pers                                | sons that co                           | ontrol or ma                     | anage the supported      |                                                                |
|                  | •          |                      | n(s). You must compl        |                        |                                                          |                                        |                                  |                          |                                                                |
|                  | С          |                      | d organization (a) (as a    | A supporting organiz   | ation operated in connect                                | tion with, ar                          | id functiona                     | lly integrated with,     |                                                                |
|                  | d          |                      | u organization(s) (see      | Instructions). You m   | ust complete Part IV, Se                                 | ections A, I                           | D, and E.                        |                          |                                                                |
|                  | u          | that is not fu       | n-runctionally integra      | ted. A supporting of   | rganization operated in co                               | nnection wi                            | th its suppo                     | orted organization(s)    |                                                                |
|                  |            | requirement          | t (see instructions) Vo     | The organization ge    | enerally must satisfy a dis<br>Part IV, Sections A and D | tribution re                           | quirement a                      | and an attentiveness     |                                                                |
|                  | е          | Check this I         | hox if the organization     | received a written of  | letermination from the IR                                | , and Part                             | V.                               |                          |                                                                |
|                  |            | functionally         | integrated, or Type III     | non-functionally inte  | egrated supporting organ                                 | S that it is a                         | атурет, ту                       | pe II, Type III          |                                                                |
|                  | f          |                      | er of supported organi      |                        | syraced supporting organ                                 | ization.                               |                                  |                          | []                                                             |
|                  |            |                      | wing information about      |                        | anization(s)                                             |                                        |                                  |                          | ••••                                                           |
|                  |            | Name of supported of |                             | (ii) EIN               | (iii) Type of organization                               | (iv) is the c                          | rganization                      | (v) Amount of monetary   | (                                                              |
|                  |            |                      |                             |                        | (described on lines 1-10                                 |                                        | ur governing                     | support (see             | (vi) Amount of<br>other support (see                           |
|                  |            |                      |                             |                        | above (see instructions))                                | docun                                  | nent?                            | instructions)            | instructions)                                                  |
|                  |            |                      |                             |                        |                                                          | Yes                                    | No                               |                          |                                                                |
| (A)              |            |                      |                             |                        |                                                          |                                        |                                  |                          |                                                                |
| \^)<br>          |            |                      |                             |                        |                                                          |                                        |                                  |                          |                                                                |
| (B)              |            |                      |                             |                        |                                                          |                                        |                                  |                          | ······································                         |
| ()<br>           |            |                      |                             |                        |                                                          |                                        |                                  |                          |                                                                |
| (C)              |            |                      |                             |                        |                                                          |                                        |                                  |                          |                                                                |
| ·                |            |                      |                             |                        |                                                          |                                        |                                  |                          |                                                                |
| (D)              |            |                      |                             |                        |                                                          |                                        |                                  |                          |                                                                |
|                  |            |                      | ·····                       | L                      |                                                          | 1                                      |                                  |                          |                                                                |
| (E)              |            |                      |                             |                        |                                                          |                                        |                                  |                          |                                                                |
|                  |            |                      |                             |                        |                                                          | A DECEMBER DAMES                       | Serve Lagra Control and American |                          |                                                                |
| Total            |            | work Ded             | n Ant Netter                |                        |                                                          |                                        |                                  |                          |                                                                |
| FOF F            | aper       | work reduction       | n Act Notice, see the       | Instructions for F     | orm 990 or 990-EZ.                                       |                                        |                                  | Schedule A               | (Form 990 or 990-EZ) 2 16                                      |

OMB No. 1545-0

201

Open to Public

Item 1.

| Sch | edule A (Form 990 or 990-EZ) 2019 Sooner Th       | eatre of No           | orman Inc               |                    |                          | 51-019662         | 29 Page 2     |
|-----|---------------------------------------------------|-----------------------|-------------------------|--------------------|--------------------------|-------------------|---------------|
| R   | art II Support Schedule for Organiz               | ations Descr          | ibed in Sect            | ions 170(b)(1      | )(A)(iv) and             | 170(b)(1)(A)(v    | /i)           |
|     | (Complete only if you checked the                 | he box on line        | 5, 7, or 8 of           | Part I or if the   | organization             | failed to gual    | ify under     |
| _   | Part III. If the organization fails to            | o qualify unde        | er the tests lis        | ted below, ple     | ease complet             | e Part III.)      | •             |
|     | ction A. Public Support                           | <del></del>           |                         |                    |                          |                   |               |
| -   | lendar year (or fiscal year beginning in) ►       | (a) 2015              | (b) 2016                | (c) 2017           | (d) 2018                 | (e) 2019          | (f) Total     |
| 1   | Siente, contributionio, and                       |                       |                         |                    |                          |                   |               |
|     | membership fees received. (Do not                 |                       |                         |                    |                          |                   |               |
|     | include any "unusual grants.") • • • • • •        | 526,784               | 310,994                 | 238,372            | 265,394                  | 308,462           | 1,650,006     |
| 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                      | 526,784               | 310,994                 | 238,372            | 265,394                  | 308,462           | 1,650,006     |
| 5   | The portion of total contributions by             |                       | <u> </u>                | 2307372            | 2037394                  |                   | 1,050,000     |
|     | each person (other than a                         |                       |                         |                    |                          |                   |               |
|     | governmental unit or publicly                     |                       |                         |                    |                          |                   |               |
|     | supported organization) included on               | 2010 A. 2010          |                         |                    |                          |                   |               |
|     | line 1 that exceeds 2% of the amount              |                       |                         |                    |                          |                   |               |
|     | shown on line 11, column (f)                      |                       |                         |                    |                          |                   |               |
| 6   | Public support. Subtract line 5 from line 4       |                       |                         |                    |                          |                   | 1 650 006     |
| Se  | ction B. Total Support                            |                       |                         |                    |                          |                   | 1,650,006     |
| Cal | endar year (or fiscal year beginning in) ►        | (a) 2015              | (b) 2016                | (c) 2017           | (d) 2018                 | (e) 2019          | (f) Total     |
| 7   | Amounts from line 4                               | 526,784               | 310,994                 | 238,372            | 265,394                  | 308,462           | 1,650,006     |
| 8   | Gross income from interest, dividends,            |                       | 0207004                 | 230,372            | 203,394                  |                   | 1,050,000     |
|     | payments received on securities loans,            |                       |                         |                    |                          |                   |               |
|     | rents, royalties and income from                  |                       |                         |                    |                          |                   |               |
|     | similar sources                                   | 1,099                 | 1,116                   | 1 070              | 0.010                    | 0 000             |               |
| 9   | Net income from unrelated business                | 1,033                 | <u> </u>                | 1,872              | 2,018                    | 2,698             | 8,803         |
|     | activities, whether or not the business           |                       |                         |                    |                          |                   |               |
|     | is regularly carried on                           |                       |                         |                    |                          |                   |               |
| 10  |                                                   |                       |                         |                    |                          |                   | ·             |
|     | loss from the sale of capital assets              |                       |                         |                    |                          |                   |               |
|     | (Explain in Part VI.)                             |                       |                         |                    |                          |                   |               |
| 11  | Total support. Add lines 7 through 10             | And the second second |                         |                    | the second second second |                   |               |
|     | Gross receipts from related activities, etc. (se  |                       | and a Market and and an |                    |                          | 12                | 1,658,809     |
| 13  | First five years. If the Form 990 is for the orga | anization's first     | second third t          | fourth or fifth te |                          | 12                |               |
|     | organization, check this box and stop here        |                       |                         |                    |                          | 5001 501(0)(5)    |               |
| Sec | tion C. Computation of Public Suppor              | t Percentage          |                         |                    |                          |                   | ···· ▶[]      |
|     | Public support percentage for 2019 (line 6, co    |                       |                         | lumn (f))          |                          | 14                | 99.47 %       |
| 15  | Public support percentage from 2018 Schedu        | le A, Part II, lin    | e 14                    |                    |                          | 15                | 93.46 %       |
| 16a | 33 1/3% support test - 2019. If the organization  | on did not checl      | the box on line         | e 13, and line 1   | 4 is 33 1/3% or          | more, check thi   | s             |
|     | box and stop here. The organization qualifies     | as a publicly su      | pported organi          | zation             |                          |                   | · · · 🕨 🔀     |
| b   | 33 1/3% support test - 2018. If the organization  | on did not checl      | a box on line           | 13 or 16a. and I   | line 15 is 33 1/3        | 3% or more che    | ck            |
|     | this box and stop here. The organization quali    | ifies as a public     | ly supported or         | ganization         |                          |                   | · · · ► □     |
| 17a | 10%-facts-and-circumstances test - 2019.          | f the organizatio     | n did not check         | a box on line 1    | 13, 16a, or 16b.         | and line 14 is    |               |
|     | 10% or more, and if the organization meets the    | e "facts-and-circ     | umstances" te           | st. check this be  | ox and stop he           | re. Explain in    |               |
|     | Part VI how the organization meets the "facts     | -and-circumsta        | nces" test. The         | organization o     | ualifies as a n          | ublicly supporte  | d             |
|     | organization                                      |                       |                         |                    | · · · · · · · · · · ·    |                   | <b>&gt;</b> 🗍 |
| b   | 10%-facts-and-circumstances test - 2018. If       | the organizatio       | n did not check         | a box on line 1    | 13 16a 16b or            | 17a and line      | ···· - ப      |
|     | 15 is 10% or more, and if the organization mee    | ets the "facts-an     | d-circumstance          | es" test, check t  | this box and et          | on here           |               |
|     | Explain in Part VI how the organization meets     | s the "facts-and      | -circumstance           | s" test. The org   | anization quali          | fies as a nublici | N/            |
|     | supported organization                            |                       |                         |                    |                          |                   | ″⊾⊓           |
| 18  | Private foundation. If the organization did not   | check a box or        | line 13, 16a 1          | 6b. 17a or 17h     | ), check this bo         | x and see         | 🖻 🗋           |
|     | instructions                                      |                       |                         |                    |                          |                   | 🕨 🗖           |
|     |                                                   |                       |                         |                    |                          |                   |               |

Schedule A (Form 990 or 990-EZ) 2019

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|     |                                                                                          |                                       |                                        |                                 |                      |                                | Item 1.                               |
|-----|------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|---------------------------------|----------------------|--------------------------------|---------------------------------------|
| Sch | edule A (Form 990 or 990-EZ) 2019 Sooner Th                                              | neatre of N                           | orman Inc                              |                                 |                      | 51-019662                      | 29 Page 3                             |
|     | art III Support Schedule for Organi                                                      | zations Desc                          | ribed in Sec                           | tion 509(a)(                    | 2)                   |                                |                                       |
|     | (Complete only if you checked                                                            | the box on lir                        | ne 10 of Part                          | I or if the ora                 | anization faile      | ed to qualify un               | der Part II.                          |
| _   | If the organization fails to quali                                                       | fy under the t                        | ests listed be                         | low, please c                   | complete Part        | : II.)                         |                                       |
|     | ction A. Public Support                                                                  |                                       |                                        |                                 |                      |                                |                                       |
| Ca  | lendar year (or fiscal year beginning in) ►                                              | (a) 2015                              | (b) 2016                               | (c) 2017                        | (d) 2018             | (e) 2019                       | (f) Total                             |
| 1   | Gifts, grants, contributions, and membership fees                                        |                                       |                                        |                                 | 1                    |                                |                                       |
|     | received. (Do not include any "unusual grants.")                                         |                                       |                                        |                                 |                      |                                |                                       |
| 2   | Gross receipts from admissions, merchandise<br>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                                           |                                       |                                        |                                 |                      | 1                              |                                       |
|     | 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                                                              | 1                                     |                                        |                                 |                      |                                |                                       |
| 6   | Total. Add lines 1 through 5                                                             |                                       |                                        |                                 |                      | <u>+</u> +-                    |                                       |
| 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                                                                      |                                       |                                        |                                 | <u> </u>             |                                |                                       |
| 8   | Public support. (Subtract line 7c from                                                   |                                       |                                        |                                 |                      |                                |                                       |
|     | line 6.)                                                                                 |                                       |                                        |                                 |                      |                                |                                       |
| Sec | tion B. Total Support                                                                    |                                       |                                        | and a line of the second second |                      | Contract from the second state | ······                                |
| Cal | endar year (or fiscal year beginning in) 🕨                                               | (a) 2015                              | (b) 2016                               | (c) 2017                        | (d) 2018             | (e) 2019                       | (f) Total                             |
| 9   | Amounts from line 6                                                                      |                                       | (                                      | (0) 2011                        | (4) 2010             |                                | (1) 10(a)                             |
| 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                                                             |                                       |                                        |                                 |                      |                                |                                       |
| С   | Add lines 10a and 10b                                                                    | · · · · · · · · · · · · · · · · · · · |                                        |                                 | , - <u></u>          |                                |                                       |
| 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 org                                         | anization's first                     | second third                           | fourth or fifth                 | l<br>ax vear as a se | $\frac{1}{1}$                  |                                       |
|     |                                                                                          |                                       |                                        |                                 |                      | •••••                          | <b>,</b> m                            |
| Sec | tion C. Computation of Public Suppor                                                     | t Percentage                          |                                        |                                 |                      |                                | · · · · • []                          |
| 15  | Public support percentage for 2019 (line 8, co                                           | olumn (f), divide                     | ed by line 13                          | column (ft)                     |                      | 15                             | 0/                                    |
| 16  | Public support percentage from 2018 Schedu                                               | ile A Part III li                     | ne 15                                  |                                 | ••••••               | 16                             | %                                     |
| Sec | tion D. Computation of Investment Inc                                                    | ome Percen                            | tage                                   |                                 |                      |                                | %                                     |
| 17  | Investment income percentage for 2019 (line                                              | Oc. column (f)                        | divided by line                        | 13 column /A                    | \                    | 47                             | <u> </u>                              |
| 18  | Investment income percentage from 2018 Sch                                               | edule & Part II                       | l line 17                              |                                 | ,                    | 17                             | <u>%</u>                              |
| 19a | 33 1/3% support tests - 2019. If the organization                                        | tion did not cho                      | r, me 17<br>ok the hov on "            | ••••••••                        | 15                   | 18                             | %                                     |
|     | 17 is not more than 33 1/3%, check this box at                                           | nd eton horo T                        | be organization                        | ne 14, and line                 | : 10 IS MORE that    | in 33 1/3%, and li             | ne                                    |
| b   | 33 1/3% support tests - 2018. If the organizat                                           | tion did not obc                      | ne organizatioi<br>ek a box en lim     |                                 | publicly suppo       | rted organization              | •• ► 📋                                |
|     | line 18 is not more than 33 1/3%, check this bo                                          | and eton ho                           | on a box on line                       | = 14 or line 198                | a, and line 16 is    | more than 33 1/3               | 3%, and                               |
| 20  | Private foundation. If the organization did no                                           | t check a boy or                      | n line 14 10c                          |                                 | as a publicly st     | upported organiza              | ation 🕨 164                           |
|     |                                                                                          | CHOOK & DUX U                         | i ilio 14, 19a,                        | u i i bu, check t               | ilis box and see     | e instructions                 |                                       |

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#### Sooner Theatre of Norman Inc 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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.)

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|            | dule A (Form 990 or 990-EZ) 2019 Sooner Theatre of Norman Inc 51-019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6629        |                        | ltem              |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|-------------------|
| <b>H</b> a | art IV Supporting Organizations (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                        |                   |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Yes                    | No                |
| 11         | and the organization accepted a gift of contribution normany of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                        |                   |
| а          | 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         |                        | <u></u>           |
| 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         |                        |                   |
| Sec        | ction B. Type I Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                        |                   |
| 1          | Did the directors trustocs or mombarabin of and an more superstant superstant states in the states of the states o |             | Yes                    | No                |
| •          | 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.00        |                        |                   |
|            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 130 1       |                        |                   |
|            | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1           |                        | 110019            |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | 13226                  | 5.58 (2.1)        |
|            | 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           |                        |                   |
| Sec        | tion C. Type II Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Z</b>    |                        |                   |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 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 <b>Part VI</b> how control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                        |                   |
|            | or management of the supporting organization was vested in the same persons that controlled or managed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                        |                   |
|            | the supported organization(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1           |                        |                   |
| Sec        | tion D. All Type III Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                        |                   |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Yes                    | No                |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S.M.C.A.H   |                        |                   |
|            | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                        |                   |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                        |                   |
|            | organization's governing documents in effect on the date of notification, to the extent not previously provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1           |                        | 1.4               |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ECONOSIE AN | 10-20 <sup>-0</sup> 1/ | The second second |
|            | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        |                   |
|            | the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                        |                   |
| 3          | By reason of the relationship described in (2), did the organization's supported organizations have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2           |                        |                   |
| -          | significant voice in the organization's investment policies and in directing the use of the organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | 3.8                    |                   |
|            | income or assets at all times during the tay year? If "Vea" describe in B. (14)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.5         |                        |                   |
|            | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's<br>supported organizations played in this regard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                        |                   |
| Sec        | tion E. Type III Functionally Integrated Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3           |                        |                   |

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

Yes No 2a 2b 3a 3b

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| Schedule A (Form 990 or 990-EZ) 2019 Sooner Theatre of Norman Inc                                                      |           | 51-0196629                  |                      |           |  |
|------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|----------------------|-----------|--|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or                                                    | gani      | zations                     |                      |           |  |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying tr                                   | ust o     | n Nov. 20, 1970 (explain in | Part VI). <b>See</b> |           |  |
| instructions. All other Type III non-functionally integrated supporting organiza                                       | ations    | must complete Sections A    |                      |           |  |
| Section A - Adjusted Net Income                                                                                        |           | (A) Prior Year              | (B) Current          |           |  |
|                                                                                                                        |           | (ryrnorrear                 | (optiona             | al)       |  |
| 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                                                                                       | <b>.</b>  | (A) Prior Year              | (B) Current          |           |  |
| 1 Aggregate fair market value of all non-exempt-use assets (see                                                        | 202       |                             | (optiona             | <u>1)</u> |  |
| instructions for short tax year or assets held for part of year):                                                      |           |                             |                      |           |  |
| a Average monthly value of securities                                                                                  |           | 1                           |                      |           |  |
| b Average monthly cash balances                                                                                        | <u>1a</u> |                             |                      |           |  |
| c Fair market value of other non-exempt-use assets                                                                     | 1b        |                             |                      |           |  |
|                                                                                                                        | <u>1c</u> |                             |                      |           |  |
| d Total (add lines 1a, 1b, and 1c)<br>e Discount claimed for blockage or other                                         | 1d        |                             |                      |           |  |
| •                                                                                                                      |           |                             |                      |           |  |
| factors (explain in detail in Part VI):                                                                                | 262       |                             |                      |           |  |
| <ul> <li>Acquisition indebtedness applicable to non-exempt-use assets</li> <li>Subtract line 2 from line 1d</li> </ul> | 2         |                             |                      |           |  |
|                                                                                                                        | 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         |                             |                      |           |  |
| ection C - Distributable Amount                                                                                        |           |                             | Current Ye           | ear       |  |
| 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         |                             | 1                    |           |  |
| 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         |                             | 2                    |           |  |
| <ul> <li>Check here if the current year is the organization's first as a non-functionally i</li> </ul>                 |           |                             | ő <u> </u>           |           |  |

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Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Form 990 or 990-EZ) 2019         Sconer Theatre of Norm           Part V         Type III Non-Functionally Integrated 509(a) | )(3) Supporting Organiz                  | 51-01:<br>zations (continued)                                                                                  | 20029                                    |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Section D - Distributions                                                                                                                |                                          |                                                                                                                | Current Year                             |
| 1 Amounts paid to supported organizations to accomplish e                                                                                | xempt purposes                           |                                                                                                                |                                          |
| 2 Amounts paid to perform activity that directly furthers exer                                                                           | mpt purposes of supported                | ······································                                                                         |                                          |
| organizations, in excess of income from activity                                                                                         | and the second of a subbolitor           |                                                                                                                |                                          |
| 3 Administrative expenses paid to accomplish exempt purpo                                                                                | oses of supported organiza               | tions                                                                                                          |                                          |
| 4 Amounts paid to acquire exempt-use assets                                                                                              | ere ereppenda organiza                   |                                                                                                                |                                          |
| 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 respon               | sive                                                                                                           |                                          |
| (provide details in <b>Part VI</b> ). See instructions.                                                                                  | •                                        |                                                                                                                |                                          |
| 9 Distributable amount for 2019 from Section C, line 6                                                                                   |                                          |                                                                                                                |                                          |
| 10 Line 8 amount divided by line 9 amount                                                                                                |                                          | ······································                                                                         | ·                                        |
|                                                                                                                                          | (1)                                      | (ii)                                                                                                           | (iii)                                    |
| Section E - Distribution Allocations (see instructions)                                                                                  | (i)<br>Excess Distributions              | Indordiotributione                                                                                             | Distributable<br>Amount for 2019         |
| 1 Distributable amount for 2019 from Section C, line 6                                                                                   |                                          |                                                                                                                | Amount for 201.                          |
| 2 Underdistributions, if any, for years prior to 2019                                                                                    |                                          |                                                                                                                |                                          |
| (reasonable cause required - explain in Part VI). See                                                                                    |                                          |                                                                                                                |                                          |
| instructions.                                                                                                                            |                                          |                                                                                                                |                                          |
| 3 Excess distributions carryover, if any, to 2019                                                                                        |                                          |                                                                                                                |                                          |
| a From 2014                                                                                                                              |                                          |                                                                                                                |                                          |
| <b>b</b> From 2015                                                                                                                       |                                          |                                                                                                                |                                          |
| <b>c</b> From 2016                                                                                                                       |                                          | The second s |                                          |
| d From 2017                                                                                                                              |                                          | 1999 (1999)<br>1999 - 1999 (1999)<br>1999 - 1999 (1999)                                                        |                                          |
| e From 2018                                                                                                                              |                                          |                                                                                                                |                                          |
| f Total of lines 3a through e                                                                                                            |                                          |                                                                                                                |                                          |
| g Applied to underdistributions of prior years                                                                                           |                                          |                                                                                                                |                                          |
| h Applied to 2019 distributable amount                                                                                                   |                                          |                                                                                                                |                                          |
| i Carryover from 2014 not applied (see instructions)                                                                                     |                                          |                                                                                                                |                                          |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                      |                                          |                                                                                                                |                                          |
| 4 Distributions for 2019 from                                                                                                            |                                          |                                                                                                                |                                          |
| Section D, line 7: \$                                                                                                                    |                                          |                                                                                                                |                                          |
| a Applied to underdistributions of prior years                                                                                           |                                          |                                                                                                                |                                          |
| b Applied to 2019 distributable amount                                                                                                   |                                          |                                                                                                                |                                          |
| c Remainder. Subtract lines 4a and 4b from 4.                                                                                            |                                          |                                                                                                                |                                          |
| 5 Remaining underdistributions for years prior to 2019, if                                                                               |                                          |                                                                                                                |                                          |
| any. Subtract lines 3g and 4a from line 2. For result                                                                                    |                                          |                                                                                                                |                                          |
| greater than zero, explain in Part VI. See instructions.                                                                                 |                                          |                                                                                                                |                                          |
| 6 Remaining underdistributions for 2019. Subtract lines 3h                                                                               | a state of the state of the state of the |                                                                                                                | an a |
| and 4b from line 1. For result greater than zero, explain in                                                                             |                                          |                                                                                                                |                                          |
| Part VI. See instructions.                                                                                                               |                                          |                                                                                                                |                                          |
| 7 Excess distributions carryover to 2020. Add lines 3j                                                                                   |                                          |                                                                                                                |                                          |
| and 4c.                                                                                                                                  |                                          |                                                                                                                |                                          |
| 8 Breakdown of line 7:                                                                                                                   |                                          |                                                                                                                |                                          |
| a Excess from 2015                                                                                                                       |                                          |                                                                                                                |                                          |
| b Excess from 2016                                                                                                                       |                                          |                                                                                                                |                                          |
| c Excess from 2017                                                                                                                       |                                          |                                                                                                                |                                          |
| d Excess from 2018                                                                                                                       | - <b>T</b> AN 1997                       |                                                                                                                |                                          |
| e Excess from 2019                                                                                                                       |                                          |                                                                                                                |                                          |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Forn                      | n 990 or 990-EZ) 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Item 1.  |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Part VI                               | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectior 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, 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, Sectior lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | )<br>2h  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| <u> </u>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| ·                                     | -<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| <u></u>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| <u> </u>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| <u> </u>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| <u> </u>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u> |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u> |

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| (Fo         | SCHEDULE D       Supplemental Financial Statements         (Form 990)       > Complete if the organization answered "Yes" on Form 990,<br>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.         Department of the Treasury       > Attach to Form 990. |                                                                                      |                               |                                 |                         |                   |          |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------|---------------------------------|-------------------------|-------------------|----------|--|
| Interr      | k                                                                                                                                                                                                                                                                                 | Open to Pu<br>Inspection                                                             |                               |                                 |                         |                   |          |  |
|             | e of the organization                                                                                                                                                                                                                                                             |                                                                                      |                               | Em                              | ployer identification n | umber             |          |  |
|             | ner Theatre o<br>Itl Organizat                                                                                                                                                                                                                                                    |                                                                                      | nde en Othen Similer          |                                 | 51-0196629              |                   | <u> </u> |  |
| 1.111.11    |                                                                                                                                                                                                                                                                                   | tions Maintaining Donor Advised Fu<br>if the organization answered "Yes" on          |                               |                                 |                         |                   |          |  |
|             | <u> </u>                                                                                                                                                                                                                                                                          | in the organization answered Tes off                                                 | (a) Donor advis               |                                 | (h) Funda and           |                   |          |  |
| 1           | Total number at end                                                                                                                                                                                                                                                               | d of year • • • • • • • • • • • • • • • • • • •                                      |                               |                                 | (b) Funds and           | other accounts    |          |  |
| 2           |                                                                                                                                                                                                                                                                                   | contributions to (during year)                                                       |                               |                                 |                         |                   |          |  |
| 3           |                                                                                                                                                                                                                                                                                   | grants from (during year)                                                            |                               |                                 |                         |                   |          |  |
| 4           | Aggregate value at                                                                                                                                                                                                                                                                | •                                                                                    |                               |                                 |                         |                   |          |  |
| 5           |                                                                                                                                                                                                                                                                                   | n inform all donors and donor advisors in writ                                       |                               |                                 |                         |                   |          |  |
| c           |                                                                                                                                                                                                                                                                                   | ization's property, subject to the organization                                      |                               |                                 | • • • • • • • •         | Yes [             | ] No     |  |
| 6           |                                                                                                                                                                                                                                                                                   | n inform all grantees, donors, and donor advi                                        |                               |                                 |                         |                   |          |  |
|             |                                                                                                                                                                                                                                                                                   | urposes and not for the benefit of the donor suble private benefit?                  |                               | • • •                           |                         |                   | 1        |  |
| Pa          |                                                                                                                                                                                                                                                                                   | ation Easements.                                                                     |                               |                                 | • • • • • • • • •       | Yes               | No       |  |
|             | Complete                                                                                                                                                                                                                                                                          | if the organization answered "Yes" or                                                | n Form 990, Part IV, lin      | e 7.                            |                         |                   |          |  |
| 1           | Purpose(s) of conse                                                                                                                                                                                                                                                               | ervation easements held by the organization                                          | (check all that apply).       |                                 | ······                  |                   |          |  |
|             |                                                                                                                                                                                                                                                                                   | land for public use (e.g., recreation or educa                                       |                               | Preservation of a his           | torically important     | land area         |          |  |
|             | Protection of na                                                                                                                                                                                                                                                                  |                                                                                      | [                             | Preservation of a ce            | rtified historic struc  | cture             |          |  |
| •           | Preservation of                                                                                                                                                                                                                                                                   | •                                                                                    |                               |                                 |                         |                   |          |  |
| 2           |                                                                                                                                                                                                                                                                                   | rough 2d if the organization held a qualified o                                      | conservation contribution i   | n the form of a conserva-       | lion                    | ·····             |          |  |
| а           |                                                                                                                                                                                                                                                                                   | st day of the tax year. servation easements                                          |                               |                                 |                         | End of the Tax    | Year     |  |
| b           |                                                                                                                                                                                                                                                                                   |                                                                                      | • • • • • • • • • • • • • • • |                                 | 2a                      |                   |          |  |
| c           |                                                                                                                                                                                                                                                                                   | ation easements on a certified historic structu                                      |                               | • • • • • • • • • • • • • • • • | 2b                      |                   |          |  |
| d           |                                                                                                                                                                                                                                                                                   | ation easements included in (c) acquired afte                                        |                               |                                 | 2c                      |                   | <u> </u> |  |
|             |                                                                                                                                                                                                                                                                                   | tend to the state of the state                                                       |                               |                                 | 2d                      | •                 |          |  |
| 3           |                                                                                                                                                                                                                                                                                   | ation easements modified, transferred, releas                                        |                               |                                 |                         |                   |          |  |
|             | tax year                                                                                                                                                                                                                                                                          |                                                                                      |                               | ,                               |                         |                   |          |  |
| 4           |                                                                                                                                                                                                                                                                                   | here property subject to conservation easem                                          |                               |                                 |                         |                   |          |  |
| 5           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                             | on have a written policy regarding the period                                        |                               | nandling of                     |                         |                   |          |  |
| 6           |                                                                                                                                                                                                                                                                                   | cement of the conservation easements it ho                                           |                               |                                 |                         | 🗌 Yes 📘           | No       |  |
| 6           | Starr and volunteer                                                                                                                                                                                                                                                               | hours devoted to monitoring, inspecting, han                                         | dling of violations, and enf  | forcing conservation ease       | ements during the       | year              |          |  |
| 7           | Amount of expenses                                                                                                                                                                                                                                                                | <br>s incurred in monitoring, inspecting, handling                                   | of violational and antensis   |                                 |                         |                   |          |  |
|             | ► \$                                                                                                                                                                                                                                                                              | s meaned in mornioring, inspecting, handling                                         | or violations, and entorch    | ig conservation easemen         | its during the year     |                   |          |  |
| 8           | Does each conserva                                                                                                                                                                                                                                                                | ation easement reported on line 2(d) above s                                         | atisfy the requirements of    | section 170(h)(4)(B)(i)         |                         |                   |          |  |
|             | and section 170(h)(4                                                                                                                                                                                                                                                              |                                                                                      |                               |                                 |                         | ∏Yes ∏            | No       |  |
| 9           |                                                                                                                                                                                                                                                                                   | how the organization reports conservation                                            |                               |                                 |                         |                   |          |  |
|             | balance sheet, and                                                                                                                                                                                                                                                                | include, if applicable, the text of the footnote                                     | to the organization's finan   | cial statements that desc       | ribes the               |                   |          |  |
| Da          |                                                                                                                                                                                                                                                                                   | Inting for conservation easements.                                                   | - C A . ( ) 11 ( ) ( ) 1 M    |                                 |                         |                   |          |  |
| Fa          | Complete                                                                                                                                                                                                                                                                          | ations Maintaining Collections                                                       | of Art, Historical II         | reasures, or Other              | Similar Asse            | ets.              |          |  |
| 1a          |                                                                                                                                                                                                                                                                                   | e if the organization answered "Yes" of<br>lected, as permitted under FASBASC 958, n |                               |                                 |                         |                   |          |  |
|             | of art, historical trea                                                                                                                                                                                                                                                           | sures, or other similar assets held for public                                       | exhibition education or re    | statement and balance s         | heet works              |                   |          |  |
|             | service, provide, in I                                                                                                                                                                                                                                                            | Part XIII the text of the footnote to its financia                                   | I statements that describe    | search in juitherance of        | public                  |                   |          |  |
| b           | If the organization e                                                                                                                                                                                                                                                             | lected, as permitted under FASB ASC 958, to                                          | o report in its revenue state | ement and balance shee          | t works of              |                   |          |  |
|             | art, historical treasu                                                                                                                                                                                                                                                            | res, or other similar assets held for public ex                                      | hibition, education, or rese  | earch in furtherance of pu      | iblic service.          |                   |          |  |
|             | provide the following                                                                                                                                                                                                                                                             | amounts relating to these items:                                                     |                               | <b></b>                         |                         |                   |          |  |
|             |                                                                                                                                                                                                                                                                                   |                                                                                      |                               |                                 |                         |                   |          |  |
|             |                                                                                                                                                                                                                                                                                   | in Form 990, Part X · · · · · · · · ·                                                |                               |                                 |                         |                   |          |  |
| 2           |                                                                                                                                                                                                                                                                                   | ceived or held works of art, historical treasu                                       |                               | s for financial gain, provid    | le the                  |                   |          |  |
| _           |                                                                                                                                                                                                                                                                                   | equired to be reported under FASB ASC 958                                            |                               |                                 |                         |                   |          |  |
| a<br>h      |                                                                                                                                                                                                                                                                                   |                                                                                      | • • • • • • • • • • • • • •   |                                 | · •                     | ·····             |          |  |
| -b<br>For F | Assets included in F                                                                                                                                                                                                                                                              | orm 990, Part X                                                                      |                               | * • • • • • • • • • • • •       |                         |                   | 170      |  |
|             | -perman neurotio                                                                                                                                                                                                                                                                  | monocities, see the manuchons for For                                                | 11 330.                       |                                 | Sched                   | lule D (Form 990) | 2        |  |

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|            | dule D (Form 990) 2019 Sooner Theatre of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Norman Inc                                                                            |                |                         | 51-                                    | -0196629              | Item 1   |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------|-------------------------|----------------------------------------|-----------------------|----------|
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | llections of Art, Hi                                                                  | storical T     | reasures, c             | or Other Simila                        | r Assets (cont        | inuea)   |
| 3          | Using the organization's acquisition, accession, an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d other records, check ar                                                             | y of the follo | wing that make          | significant use of its                 | i                     |          |
| -          | collection items (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       | _              |                         |                                        |                       |          |
| a          | Public exhibition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | c                                                                                     | l 📙 Loan       | or exchange pr          | ograms                                 |                       |          |
| b          | Scholarly research                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | €                                                                                     | U Othe         | r                       |                                        |                       |          |
| c          | Preservation for future generations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                |                         |                                        |                       |          |
| 4          | Provide a description of the organization's collectio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ns and explain how they                                                               | further the or | ganization's exe        | empt purpose in Par                    | t                     |          |
| -          | XIII.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                |                         |                                        |                       |          |
| 5          | During the year, did the organization solicit or received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ve donations of art, histor                                                           | ical treasure  | s, or other simil       | ar                                     |                       |          |
| Da         | assets to be sold to raise funds rather than to be m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | aintained as part of the o                                                            | rganization's  | collection?             | •••••••••••••••••••••••••••••••••••••• | 🔲 Yes                 | No No    |
| <b>F</b> d | rt IV Escrow and Custodial Arrange                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                |                         |                                        |                       |          |
|            | Complete if the organization ans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | wered "Yes" on For                                                                    | m 990, P       | art IV, line 9          | , or reported an                       | amount on Fo          | orm      |
|            | 990, Part X, line 21.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ·····                                                                                 |                |                         |                                        |                       |          |
| 1a         | Is the organization an agent, trustee, custodian or c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | other intermediary for con                                                            | tributions or  | other assets no         | t                                      |                       |          |
| L          | included on Form 990, Part X?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | • • • • • •    |                         | • • • • • • • • •                      | · · · · · 🔲 Yes       | 🗌 No     |
| b          | If "Yes," explain the arrangement in Part XIII and co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mplete the following table                                                            | <b>e</b> :     |                         |                                        |                       |          |
|            | Desired and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                |                         |                                        | Amount                |          |
| C<br>L     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                |                         | 1c                                     |                       |          |
| a          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                |                         | 1d                                     |                       |          |
| e          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                |                         | 1e                                     |                       |          |
| 1          | Ending balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                |                         | 1f                                     |                       |          |
| 2a         | Did the organization include an amount on Form 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0, Part X, line 21, for esc                                                           | row or custo   | dial account liab       | ility?                                 | · · · · 📋 Yes         | 🗌 No     |
| Da         | If "Yes," explain the arrangement in Part XIII. Check<br><b>Endowment Funds.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | here if the explanation h                                                             | as been prov   | ided on Part XI         | <u>  </u>                              | · · · · · · · · · · · |          |
|            | y water a second s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                |                         | _                                      |                       |          |
|            | Complete if the organization ans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                | art IV, line 10         | ).                                     |                       |          |
| 1a         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a) Current year (b)                                                                   | Prior year     | (c) Two years b         | ack (d) Three years                    | sback (e) Fourye      | ars back |
| ь          | Beginning of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                | <u> </u>                |                                        |                       |          |
| 0          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | ·····          |                         |                                        |                       |          |
| C          | Net investment earnings, gains, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                |                         |                                        |                       |          |
| 4          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                | 1                       |                                        |                       | ····     |
| d          | Grants or scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                |                         |                                        |                       |          |
| е          | Other expenditures for facilities and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                |                         |                                        |                       |          |
| f          | programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                |                         |                                        |                       |          |
|            | Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                |                         |                                        |                       |          |
| g<br>2     | End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                |                         |                                        |                       |          |
|            | Provide the estimated percentage of the current year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | olumn (a)) he  | eld as:                 |                                        |                       |          |
| a<br>b     | Board designated or quasi-endowment ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | %                                                                                     |                |                         |                                        |                       |          |
| c          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                |                         |                                        |                       |          |
| U          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                |                         |                                        |                       |          |
| 3a         | The percentages on lines 2a, 2b, and 2c should equ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                |                         |                                        |                       |          |
| Ja         | Are there endowment funds not in the possession of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | f the organization that are                                                           | held and ad    | lministered for t       | ne                                     |                       |          |
|            | organization by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                |                         |                                        | Y                     | es No    |
|            | (i) Unrelated organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | • • • • • • • • • • • • •                                                             | • • • • • •    | • • • • • • • •         | • • • • • • • • • • •                  | · · · 3a(i)           |          |
| b          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                | • • • • • • • •         |                                        | · · · 3a(ii)          |          |
| 4          | If "Yes" on line 3a(ii), are the related organizations lis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sted as required on Sche                                                              | dule R?        | •••••                   |                                        | ••• 3b                |          |
| Par        | Describe in Part XIII the intended uses of the organized |                                                                                       | S              |                         |                                        |                       |          |
|            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | - 000 D-       |                         |                                        |                       |          |
|            | Complete if the organization answ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                |                         | a. See Form 99                         | 30, Part X, line      | 10.      |
|            | Description of property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul> <li>(a) Cost or other basis         <ul> <li>(investment)</li> </ul> </li> </ul> |                | r other basis<br>other) | (c) Accumulated<br>depreciation        | (d) Book va           | ilue     |
| 1a         | Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | -              |                         |                                        | <u></u>               |          |
| b          | Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,723,755                                                                             |                |                         | 174,186                                | <u>3</u> 1 5 4 (      | 9,569    |
| c          | Leasehold improvements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 171,841                                                                               |                |                         | 155,301                                |                       |          |
| d          | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 422,963                                                                               |                |                         | 289,127                                |                       | 6,540    |
| e          | <u>Other</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                |                         | 203,121                                |                       | 3,836    |
| Total.     | Add lines 1a through 1e. (Column (d) must equal For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | m 990, Part X, column (B                                                              | ), line 10c.)  | ••••                    |                                        | 1 601                 | 0.045    |
| EEA        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                |                         |                                        | Schedule D (For       | 9,945    |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                |                         |                                        | Concoure D (FOII      |          |

| Schedule D (Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | of Norman Inc                  |                |                     | 0196629                                                               | ltem                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------|---------------------|-----------------------------------------------------------------------|---------------------------------------|
| Part VII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Investments - Other Securities.                                                                                                     |                                |                |                     |                                                                       |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete if the organization answere                                                                                                | d "Yes" on Form                | 990, Part IV,  | line 11b. See Form  | 990, Part X, line                                                     | 12.                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>(a) Description of security or category<br/>(including name of security)</li> </ul>                                        |                                | (b) Book value |                     | <ul> <li>Method of valuation:<br/>end-of-year market value</li> </ul> |                                       |
| 1) Financial (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                |                |                     |                                                                       | •                                     |
| <ol> <li>Closely-he</li> <li>Other</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eld equity interests                                                                                                                | •••••                          |                |                     |                                                                       |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                               |                                |                |                     |                                                                       |                                       |
| (F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (G)<br>(H)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| Part VIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (b) must equal Form 990, Part X, col. (B) line 12.)                                                                                 | •••••                          | ·····          |                     |                                                                       |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Investments - Program Related.                                                                                                      |                                |                | <b>. .</b> _        |                                                                       |                                       |
| ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Complete if the organization answere                                                                                                | d "Yes" on Form §              | 90, Part IV,   | line 11c. See Form  | 990, Part X, line                                                     | 13.                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Description of investment                                                                                                       |                                | (b) Book value |                     | ) Method of valuation:<br>end-of-year market value                    |                                       |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       | · · · · · · · · · · · · · · · · · · · |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| Fotal. (Column<br>Part IX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (b) must equal Form 990, Part X, col. (B) line 13.)<br>Other Assets.                                                                |                                |                |                     |                                                                       |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete if the organization answered                                                                                               |                                | 90, Part IV, I | ine 11d. See Form   | 990, Part X, line                                                     | 15.                                   |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     | escription                     |                |                     | (b) Book valu                                                         | e                                     |
| (120mmuni<br>(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ty Foundation Deposit                                                                                                               |                                |                |                     | 2                                                                     | 2,164                                 |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                               |                                |                |                     |                                                                       |                                       |
| (9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                |                |                     |                                                                       |                                       |
| and the second s | (b) must equal Form 990, Part X, col. (B) line 15.)                                                                                 |                                |                |                     | ········                                                              |                                       |
| Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Liabilities.                                                                                                                  |                                | 00 Dort IV (   | ine 44e en 446 Or - |                                                                       | ,164<br>,                             |
| FAILA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complete if the organization answered                                                                                               |                                | oo, raitiv, l  |                     | ronn 990, Part )                                                      | ۸,                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete if the organization answered line 25.                                                                                      |                                | BACK SALAR AND |                     | 94 (Y) / //                                                           |                                       |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | line 25. (a) Description of liability                                                                                               | (b) Book value                 | 14 A. A.       |                     |                                                                       |                                       |
| (1) Federal in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | line 25. (a) Description of liability Icome taxes                                                                                   |                                |                |                     |                                                                       |                                       |
| (1) Federal in<br>(2Payroll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | line 25. (a) Description of liability come taxes Liabilities                                                                        | (b) Book value                 | ,064           |                     |                                                                       |                                       |
| (1) Federal in<br>(2Payroll<br>(3Bales T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | line 25. (a) Description of liability come taxes Liabilities cax Payable                                                            | (b) Book value                 | ,978           |                     |                                                                       |                                       |
| (1) Federal in<br>(2payroll<br>(3Bales T<br>(4Gift Ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ine 25.         (a) Description of liability         acome taxes         Liabilities         ax Payable         artificates Payable | (b) Book value<br>4<br>1       | , 978<br>470   |                     |                                                                       |                                       |
| (1) Federal in<br>(2)Payroll<br>(3)Bales T<br>(4)Bift Ce<br>(5)Direct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | line 25. (a) Description of liability come taxes Liabilities cax Payable                                                            | (b) Book value<br>4<br>1       | ,978           |                     |                                                                       |                                       |
| (1) Federal in<br>(2Payroll<br>(3Bales T<br>(4Bift Ce<br>(5Direct<br>(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ine 25.         (a) Description of liability         acome taxes         Liabilities         ax Payable         artificates Payable | (b) Book value<br>4<br>1       | , 978<br>470   |                     |                                                                       |                                       |
| (1) Federal in<br>(2Payroll<br>(3Bales T<br>(4Gift Ce<br>(5Direct<br>(6)<br>(7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ine 25.         (a) Description of liability         acome taxes         Liabilities         ax Payable         artificates Payable | (b) Book value<br>4<br>1       | , 978<br>470   |                     |                                                                       |                                       |
| (1) Federal in<br>(2payroll<br>(3Sales T<br>(4Gift Ce<br>(5Direct<br>(6)<br>(7)<br>(8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ine 25.         (a) Description of liability         acome taxes         Liabilities         ax Payable         artificates Payable | (b) Book value<br>4<br>1       | , 978<br>470   |                     |                                                                       |                                       |
| (1) Federal in<br>(2) ayroll<br>(3) Bales T<br>(4) Gift Ce<br>(5) Direct<br>(6)<br>(7)<br>(8)<br>(9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ine 25.         (a) Description of liability         acome taxes         Liabilities         ax Payable         artificates Payable | (b) Book value<br>4<br>1<br>(6 | , 978<br>470   |                     |                                                                       |                                       |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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| · · · · · · · · · · · · · · · · · · · | Reconciliation of Revenue per Audited Financial Stater                                                                                                                                | ments                | s With Revenue p                              | er Return. |          |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|------------|----------|
|                                       | Complete if the organization answered "Yes" on Form 990,                                                                                                                              | <u>, Part</u>        | IV, line 12a.                                 |            |          |
| Total                                 | evenue, gains, and other support per audited financial statements                                                                                                                     | ••••                 |                                               | 1          |          |
|                                       | nts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                       |                      |                                               |            |          |
|                                       | nrealized gains (losses) on investments                                                                                                                                               | 2a                   |                                               |            |          |
|                                       | ed services and use of facilities                                                                                                                                                     | 2b                   |                                               |            |          |
|                                       | eries of prior year grants                                                                                                                                                            | 2c                   |                                               |            |          |
|                                       | (Describe in Part XIII.)                                                                                                                                                              | 2d                   | L                                             |            |          |
|                                       | nes 2a through 2d                                                                                                                                                                     |                      |                                               | 2e         |          |
|                                       | ct line <b>2e</b> from line <b>1</b>                                                                                                                                                  |                      | •••••                                         | 3          |          |
|                                       | nts included on Form 990, Part VIII, line 12, but not on line 1:                                                                                                                      |                      |                                               |            |          |
|                                       | ment expenses not included on Form 990, Part VIII, line 7b                                                                                                                            | 4a                   |                                               |            |          |
|                                       | (Describe in Part XIII.)                                                                                                                                                              | 4b                   | l                                             |            |          |
|                                       | les 4a and 4b                                                                                                                                                                         |                      |                                               | 4c         |          |
| Total                                 | evenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )                                                                                                     |                      |                                               | 5          |          |
| allAll                                |                                                                                                                                                                                       | emen                 | its With Expense                              | s per Retu | rn.      |
|                                       | Complete if the organization answered "Yes" on Form 990                                                                                                                               | , Part               | IV, line 12a.                                 |            |          |
|                                       | xpenses and losses per audited financial statements                                                                                                                                   | •••                  |                                               | 1          |          |
|                                       | nts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                                         | 1                    | I                                             |            |          |
|                                       | ed services and use of facilities                                                                                                                                                     | 2a                   |                                               |            |          |
|                                       | ear adjustments                                                                                                                                                                       | 2b                   |                                               |            |          |
|                                       |                                                                                                                                                                                       | 2c                   |                                               |            |          |
|                                       | (Describe in Part XIII.)                                                                                                                                                              | 2d                   |                                               |            |          |
|                                       | es 2a through 2d                                                                                                                                                                      |                      |                                               | 2e         |          |
|                                       | ct line 2e from line 1                                                                                                                                                                |                      | • • • • • • • • • • • • • •                   | 3          |          |
|                                       | ts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                         |                      |                                               |            |          |
|                                       | nent expenses not included on Form 990, Part VIII, line 7b                                                                                                                            | 4a                   |                                               |            |          |
|                                       | Describe in Part XIII.)                                                                                                                                                               | 4b                   |                                               | -          |          |
|                                       | es 4a and 4b                                                                                                                                                                          |                      |                                               | 4c         |          |
| art XIII                              | xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.                                                                                   | • • •                |                                               | 5          |          |
| ovide the o<br>Part XI, lin           | escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line<br>as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a | es 1b ai<br>additior | nd 2b; Part V, line 4; Par<br>nal information | rt X, line |          |
|                                       |                                                                                                                                                                                       |                      |                                               |            |          |
|                                       |                                                                                                                                                                                       |                      |                                               |            |          |
|                                       |                                                                                                                                                                                       |                      |                                               |            |          |
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|                                       |                                                                                                                                                                                       |                      |                                               |            | <u> </u> |
|                                       |                                                                                                                                                                                       |                      |                                               |            |          |
|                                       |                                                                                                                                                                                       | ***                  | *****                                         |            |          |
|                                       |                                                                                                                                                                                       |                      |                                               |            |          |
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|                                       |                                                                                                                                                                                       |                      | <u></u>                                       |            |          |
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|                                       |                                                                                                                                                                                       |                      |                                               |            |          |
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|                                       |                                                                                                                                                                                       |                      | ······                                        |            |          |
|                                       |                                                                                                                                                                                       |                      |                                               |            |          |
|                                       |                                                                                                                                                                                       |                      |                                               |            |          |

| Sooner Theatre of Norman Inc       51-0196629         Partil       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.         Form 990-EZ filers are not required to complete this part.       1         Indicate whether the organization raised funds through any of the following activities. Check all that apply.       a         Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         za       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b       If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (i) Name and address of individual or entities (fundraiser have custody or control of from activity fundraiser is to be for matine by)       (v) Amount paid to (or retained by)         (i) Name and address of individual or entities (fundraiser have custody or control of from activity fundraiser liested in form entity (fundraiser)       (v) Amount paid to (or retained by)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OMB No. 1545-00 It<br>2019<br>Open to Public<br>Inspection     | the                       | 8, or 19, or if      | Iraising or Gan<br>990, Part IV, line 17, 18<br>Form 990-EZ, line 6a.<br>990-EZ.<br>d the latest informatio | es" on Form 9<br>an \$15,000 on<br>990 or Form | n answered "Y<br>tered more the<br>Attach to Form | if the organization<br>organization en<br>► /  | Complete                               | CHEDULE G<br>orm 990 or 990-EZ)<br>partment of the Treasury<br>rnal Revenue Service<br>ne of the organization |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------|----------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Part       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.<br>Form 990-EZ filers are not required to complete this part.         Indicate whether the organization raised funds through any of the following activities. Check all that apply.         Mail solicitations       e         Solicitation of non-government grants         Indicate whether the organization naised funds through any of the following activities. Check all that apply.         Internet and email solicitations       f         Solicitation of non-government grants         In-person solicitations       g         In-person solicitations       g         Indicate whether the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         Vi 'Wes," list the 10 highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (v) Amount paid to contributions?       (v) Amount paid to contributions?         (I) Name and address of individual or entities (fundraiser) where any or entity (fundraiser listed in content with professional fundraiser) and contributions?       (v) Amount paid to contribution?         1       Yes       No       (v) Amount content with professional fundraiser)         1       Yes       No       (v) Amount c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                           |                      |                                                                                                             |                                                |                                                   | ~                                              | Norman Inc                             | -                                                                                                             |
| Form 990-E2: filers are not required to complete this part.         a       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations <ul> <li>Solicitation of non-government grants</li> <li>Indicate whether the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key emplyces listed in form 990, Part VII) or entity in connection with professional fundraising services?             Ives             Ives</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 96629<br>line 17.                                              | <u>. 51-01</u>            | Form 990             | wered "Yes" on                                                                                              | ation ans                                      | he organiz                                        | Complete if t                                  | g Activities.                          | art I Fundraisin                                                                                              |
| a Mail solicitations<br>b Internet and email solicitations<br>c Phone solicitations<br>g Special fundraising events<br>g Special fundraising services?<br>g Yes No<br>h With or analytic nonnection with professional fundraising services?<br>g Yes No<br>(i) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be<br>compensated at least \$5,000 by the organization.<br>(ii) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be<br>compensated at least \$5,000 by the organization.<br>(iii) Activity (iii) Did fundraiser have<br>custody or control of<br>contributions?<br>(iv) Gross receipts fundraiser lister in<br>(iv) Amount pials to<br>(or retained by) fundraiser lister in<br>cost. (i)<br>Yes No<br>yes No<br>g Special fundraiser lister in<br>(iv) Amount pials to<br>(or retained by) fundraiser lister in<br>cost. (i)<br>yes No<br>g Special fundraiser lister in<br>(iv) Amount pials to<br>(or retained by) fundraiser lister in<br>cost. (i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                           |                      |                                                                                                             | oart.                                          | nplete this                                       | required to con                                | Z filers are not                       | Form 990-EZ                                                                                                   |
| b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VI) or entity in connection with professional fundraising services?       Image: No       Image: No         b       If "res," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (v) Amount paid to (or retained by) from activity from activity       (v) Amount paid to (or retained by) from activity from activity       (v) Amount paid to (or retained by) from activity         (i) Name and address of individual       (ii) Activity       (iii) Did fundraiser have cost of or other of ore attrained by from activity       (v) Amount paid to (or retained by) from activity         (ii) Name and address of individual       (ii) Activity       (iii) Did fundraiser have cost of other or or attrained by from activity       (v) Amount paid to (or retained by) from activity         (iii) Name and address of individual       (iii) Activity       Yes       No       Image: Activity (fundraiser)         (iii) Activity       Yes       No       Image: Activity (fundraiser)       Image: Activity (fundraiser)       Image: Activity (fundraiser)         Image: Activity (fundraiser)       I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |                           |                      |                                                                                                             |                                                |                                                   | ed funds through a                             | rganization raise                      | Indicate whether the o                                                                                        |
| c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                           | ants                 |                                                                                                             |                                                | _                                                 |                                                | solicitations                          |                                                                                                               |
| 2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Image: Services is to be individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (I) Name and address of individual (III) Activity       (III) Did fundraiser have outfoor or control of contributions?       (IV) Gross receipts from activity       (V) Amount paid to (or retained by) fundraiser isted in col. (I)         (I) Name and address of individual (III) Activity       (III) Did fundraiser have outfool or control of contributions?       (IV) Gross receipts from activity       (V) Amount paid to (or retained by) fundraiser listed in col. (I)         (I) Name and address of individual (III) Activity       (III) Activity       Yes       No       (IV) Gross receipts from activity       (V) Amount paid to (or retained by) fundraiser listed in col. (I)         (I) Name and address of individual (III) Activity       Yes       No       Image: Ima                                                                                                                                                                                                                                                                                        |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        | c 🔲 Phone solicitations                                                                                       |
| or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves No b If "Yes," list the 10 highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (I) Name and address of individual or entity (fundraiser) (II) Activity Ves No V |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| (i) Name and address of induvidal<br>or entity (tundraiser)       (ii) Activity       (iii) Activity       (iv) Gross receipts<br>from activity       (or retained by)<br>fundraiser listed in<br>col. (i)         Yes       No         Yes       No         Image: Solution of the second se                                                                                                                                                         | *S 🗌 No                                                        | Ye<br>ser is to be        | ces?                 | nal fundraising servi                                                                                       | with professio                                 | 1 connection                                      | Part VII) or entity ir<br>µals or entities (fu | d in Form 990, P<br>nest paid individu | or key employees liste<br>b If "Yes," list the 10 high                                                        |
| Yes       No         Image: Solution of the set of the                                                                     | <b>(vi)</b> Amount paid to<br>(or retained by)<br>organization | ained by)<br>er listed in | (or reta<br>fundrais |                                                                                                             | r control of                                   | custody c                                         | (ii) Activity                                  |                                        |                                                                                                               |
| Image: Image             |                                                                | <u>. ()</u>               | 00                   |                                                                                                             | No                                             | Yes                                               |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           |                      |                                                                                                             |                                                | _                                                 |                                                |                                        | . <u> </u>                                                                                                    |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           |                      |                                                                                                             |                                                | -                                                 |                                                |                                        | ·····                                                                                                         |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           | ······               |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           | ·····                |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
| List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                           | <u></u>              |                                                                                                             | L                                              | <u> </u>                                          |                                                |                                        | al                                                                                                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                           |                      |                                                                                                             |                                                |                                                   |                                                |                                        |                                                                                                               |
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| 1.995                       |                                                                    | Fundraising Events. Comp<br>than \$15,000 of fundraising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | event contributions and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | answered "Yes" on Form                                                               | 1 990, Part IV, line 18, or                                          | reported more                                                   |
|                             |                                                                    | gross receipts greater than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$5.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a gross income on Form                                                               | 1 990-EZ, lines 1 and 6                                              | ). List events with                                             |
|                             |                                                                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (a) Event #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (b) Event #2                                                                         | (c) Other events                                                     | (4) 7-4-1                                                       |
|                             |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Murder Myste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Heartland                                                                            | 5                                                                    | (d) Total events<br>(add col. (a) through                       |
|                             |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (event type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (event type)                                                                         | (total number)                                                       | col. (c))                                                       |
| ne                          |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
| Revenue                     | 1                                                                  | Gross receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 42,677                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 35,072                                                                               | 26,244                                                               | 103,993                                                         |
| ď                           | 1                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      | ~                                                               |
|                             | 2                                                                  | Less: Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
|                             | 3                                                                  | Gross income (line 1 minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
| ••••                        |                                                                    | line 2) • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 42,677                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 35,072                                                                               | 26,244                                                               | 103,993                                                         |
|                             | 4                                                                  | Cash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                      |                                                                 |
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|                             | 5                                                                  | Noncash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
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| S                           | 6                                                                  | Rent/facility costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
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| Ä                           | 7                                                                  | Food and beverages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
| Direct Expenses             |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
| ō                           | 8                                                                  | Entertainment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                |                                                                      |                                                                 |
|                             | 9                                                                  | Other direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
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|                             | 10                                                                 | Direct expense summary. Add lines 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | through 9 in column (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                      |                                                                 |
|                             | 11                                                                 | Net income summary. Subtract line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      | 100.000                                                         |
|                             |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                      |                                                                 |
| Pa                          | rt II                                                              | Gaming. Complete if the org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | es" on Form 990, Part I\                                                             | /, line 19, or reported mo                                           | 103,993<br>pre than                                             |
| Pa                          | rt II                                                              | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ganization answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | es" on Form 990, Part I\                                                             | /, line 19, or reported mo                                           | 103,993<br>pre than                                             |
|                             | rt II                                                              | Gaming. Complete if the org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
|                             | rt II                                                              | Gaming. Complete if the org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | es" on Form 990, Part I\                                                             | /, line 19, or reported mo<br>(c) Other gaming                       | pre than                                                        |
| Revenue                     | <b>rt   </b>                                                       | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
|                             |                                                                    | Gaming. Complete if the org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
| Revenue                     |                                                                    | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
| Revenue                     | 1                                                                  | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
| penses Revenue              | 1                                                                  | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
| penses Revenue              | 1<br>2<br>3                                                        | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue<br>Cash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
| penses Revenue              | 1                                                                  | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
| Revenue                     | 1<br>2<br>3<br>4                                                   | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ganization answered "Ye<br>ine 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es" on Form 990, Part I\<br>(b) Pull tabs/instant                                    | /, line 19, or reported mo                                           | (d) Total gaming (add                                           |
| penses Revenue              | 1<br>2<br>3                                                        | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue<br>Cash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I<br>(b) Pull tabs/instant<br>bingo/progressive bingo          | /, line 19, or reported mo<br>(c) Other gaming                       | (d) Total gaming (add                                           |
| penses Revenue              | 1<br>2<br>3<br>4                                                   | Gaming. Complete if the org         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I\ (b) Pull tabs/instant bingo/progressive bingo               | /, line 19, or reported mo<br>(c) Other gaming                       | (d) Total gaming (add                                           |
| penses Revenue              | 1<br>2<br>3<br>4<br>5                                              | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I<br>(b) Pull tabs/instant<br>bingo/progressive bingo          | /, line 19, or reported mo<br>(c) Other gaming                       | (d) Total gaming (add                                           |
| penses Revenue              | 1<br>2<br>3<br>4<br>5                                              | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I\ (b) Pull tabs/instant bingo/progressive bingo               | /, line 19, or reported mo<br>(c) Other gaming                       | (d) Total gaming (add                                           |
| penses Revenue              | 1<br>2<br>3<br>4<br>5<br>6                                         | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, II<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor<br>Direct expense summary. Add lines 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I\<br>(b) Pull tabs/instant<br>bingo/progressive bingo         | /, line 19, or reported mo<br>(c) Other gaming                       | (d) Total gaming (add                                           |
| penses Revenue              | 1<br>2<br>3<br>4<br>5<br>6                                         | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I\<br>(b) Pull tabs/instant<br>bingo/progressive bingo         | /, line 19, or reported mo<br>(c) Other gaming                       | (d) Total gaming (add                                           |
| Direct Expenses Revenue     | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8                               | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor<br>Direct expense summary. Add lines 2<br>Net gaming income summary. Subtract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I\<br>(b) Pull tabs/instant<br>bingo/progressive bingo         | /, line 19, or reported mo<br>(c) Other gaming<br>                   | (d) Total gaming (add                                           |
| 6 Direct Expenses Revenue   | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>Ente                       | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Other direct expenses<br>Volunteer labor<br>Direct expense summary. Add lines 2<br>Net gaming income summary. Subtraction<br>er the state(s) in which the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ganization answered "Ye<br>ine 6a.<br>(a) Bingo<br>(a) Bingo<br>(b) Bingo<br>(c) | es" on Form 990, Part I\ (b) Pull tabs/instant bingo/progressive bingo  Yes% No% (d) | /, line 19, or reported mo<br>(c) Other gaming<br>                   | (d) Total gaming (add                                           |
| b 6 Direct Expenses Revenue | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>8<br>Enter<br>Is th        | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, II<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Noncash prizes<br>Noncash prizes<br>Noncash prizes<br>Other direct expenses<br>Other direct expenses<br>Direct expense summary. Add lines 2<br>Net gaming income summary. Subtraction<br>he organization licensed to conduct gamine organization li | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I\ (b) Pull tabs/instant bingo/progressive bingo  Yes% No% (d) | /, line 19, or reported mo<br>(c) Other gaming<br>                   | (d) Total gaming (add<br>col. (a) through col. (c))             |
| 6 Direct Expenses Revenue   | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>8<br>Enter<br>Is th        | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, li<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Other direct expenses<br>Volunteer labor<br>Direct expense summary. Add lines 2<br>Net gaming income summary. Subtraction<br>er the state(s) in which the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I\ (b) Pull tabs/instant bingo/progressive bingo  Yes% No% (d) | /, line 19, or reported mo<br>(c) Other gaming<br>                   | (d) Total gaming (add<br>col. (a) through col. (c))             |
| b 6 Direct Expenses Revenue | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>8<br>Enter<br>Is th        | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, II<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Noncash prizes<br>Noncash prizes<br>Noncash prizes<br>Other direct expenses<br>Other direct expenses<br>Direct expense summary. Add lines 2<br>Net gaming income summary. Subtraction<br>he organization licensed to conduct gamine organization li | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es" on Form 990, Part I\ (b) Pull tabs/instant bingo/progressive bingo  Yes% No% (d) | /, line 19, or reported mo<br>(c) Other gaming<br>                   | (d) Total gaming (add<br>col. (a) through col. (c))             |
| b 6 Direct Expenses Revenue | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>Enter<br>is th<br>if "N    | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, II<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Other direct expenses<br>Direct expense summary. Add lines 2<br>Net gaming income summary. Subtraction<br>he organization licensed to conduct gar<br>No," explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ganization answered "Ye<br>ine 6a.<br>(a) Bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) Pull tabs/instant         (b) Pull tabs/instant         bingo/progressive bingo  | /, line 19, or reported mo (c) Other gaming (c) Other gaming Yes% No | (d) Total gaming (add col. (a) through col. (c))            Yes |
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| Schedule | G (F | orm | 990 | or | 990- | EZ) | 2019 |
|----------|------|-----|-----|----|------|-----|------|
|----------|------|-----|-----|----|------|-----|------|

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury internal Revenue Service Name of the organization Provide information for responses to specific question
 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.



Employer identification number

51-0196629

#### Sooner Theatre of Norman Inc

#### 01. Members or stockholder classes and rights (Part VI, line 6)

The organization is an Oklahoma Not-For-Profit corporation.

02. Form 990 governing body review (Part VI, line 11)

Form 990 is made available to the board members before it is filed.

03. Conflict of interest policy compliance (Part VI, line 12c)

A conflict of interest policy is part of the by-laws. The board monitors for potential

conflicts of interest.

### 04. CEO, executive director, top management comp (Part VI, line 15a)

The board determines the compensation for the Executive Director.

05. Other officer or key employee compensation (Part VI, line 15b

The board determines the compensation to all employees.

06. Governing documents, etc, available to public (Part VI, line 19)

All public documents are made available upon request.

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

# **Oklahoma Return of** Organization Exempt from Income Tax

| <u> </u>              | ction 501(c) of the intern                                                                                             | al Revenu                                         | e Code                                                            |                                 |                                                    |                                       |                                       |                                                         |                           |            |                                                |
|-----------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|---------------------------------|----------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------------------------|---------------------------|------------|------------------------------------------------|
| RT 1                  | For the year January 1 - December<br>beginning:                                                                        | ending:                                           | ther taxable year                                                 | Plac                            | e an 'X' if:                                       |                                       |                                       | <u>-</u>                                                |                           |            |                                                |
| M                     | 07-01 , 2019                                                                                                           | 06-30                                             | , 2020                                                            | (1)                             | Initial                                            | return                                | (2)                                   | Final return                                            | (3)                       | An 51      | nended return (See Schedule<br>2E-X on page 2) |
| Na                    | me of Organization                                                                                                     |                                                   |                                                                   |                                 |                                                    | Federal                               | Employer Identi                       | fication Number                                         |                           |            |                                                |
|                       | Sooner Theatre of Norm                                                                                                 | an, Inc.                                          |                                                                   |                                 |                                                    |                                       | 196629                                |                                                         |                           |            |                                                |
| Ade                   | dress (number and street)                                                                                              | •••••                                             |                                                                   |                                 |                                                    | Date Qu                               | alified for Tax E                     | Exempt Status                                           |                           |            | ······································         |
| 1                     | 01 E Main Street                                                                                                       |                                                   |                                                                   |                                 |                                                    | 1976                                  |                                       |                                                         |                           |            |                                                |
| City                  | , State or Province, Country and ZIP                                                                                   | or Foreign Pos                                    | stal Code                                                         |                                 |                                                    |                                       |                                       | 0                                                       | FFICE US                  |            | Y                                              |
| No                    | orman, OK 73069                                                                                                        |                                                   |                                                                   |                                 |                                                    |                                       |                                       |                                                         |                           |            |                                                |
| P/                    | ART 2: STATEMENT OF                                                                                                    |                                                   | ATED BUSH                                                         | NES                             | STAXAB                                             |                                       | COME (                                | Please read in                                          | otructiona                |            | ana () ()                                      |
| r—                    | -                                                                                                                      |                                                   |                                                                   |                                 |                                                    |                                       |                                       | Total Fo                                                |                           | onpa       | Allocable Oklahoma                             |
| A                     | Total unrelated trade or b                                                                                             | ousiness in                                       | come - applic                                                     | able                            | Federal Fe                                         | orm(s)                                | 990                                   |                                                         |                           | 0          |                                                |
| В                     | Total unrelated trade or b                                                                                             | ousiness de                                       | eductions - ap                                                    | oplica                          | ble Fed. F                                         | orm(s)                                | 990                                   | 98.46.4 <u>6.46.66.66.66.66.66.66.66.66.66.66.66.66</u> |                           | 0          | 0                                              |
|                       | Unrelated business taxat                                                                                               |                                                   | - Enter here a                                                    | and o                           | n line 1 be                                        | elow                                  |                                       |                                                         |                           | 0          | 0                                              |
|                       | COME SUBJECT TO T                                                                                                      |                                                   |                                                                   |                                 |                                                    |                                       |                                       |                                                         |                           |            |                                                |
| 1                     | Unrelated business taxab                                                                                               | ole income                                        | - from staten                                                     | nent a                          | above (allo                                        | cable                                 | to Oklaho                             | ma)                                                     |                           | 1          | 0.00                                           |
| 2                     | Other net income - enclo                                                                                               | se schedu                                         | le                                                                |                                 |                                                    |                                       |                                       |                                                         | ••••••                    | 2          | .00                                            |
| 3                     | Oklahoma Capital Gain d                                                                                                | eduction (                                        | provide Form                                                      | 561-                            | C)                                                 |                                       |                                       |                                                         |                           | 3          | .00                                            |
| 4                     | Oklahoma taxable incom                                                                                                 | e (total of                                       | lines 1, 2 and                                                    | 3)                              |                                                    |                                       |                                       |                                                         |                           | 4 [        | 00. 0                                          |
| TA                    | X COMPUTATION                                                                                                          |                                                   |                                                                   |                                 |                                                    |                                       | · · · · · · · · · · · · · · · · · · · | n                                                       |                           | ~          |                                                |
| 5                     | Tax at 6% of line 4. If Trus<br>If recapturing the Oklaho<br>enter a '2' in the box. If m<br>68 O.S. Sec. 2368(K), add | ma Afforda<br>Naking an (                         | able Housing<br>Okla. installme                                   | Tax C<br>ent pa                 | redit, add<br>avment pu                            | the ree<br>Irsuant                    | captured of to IRC Se                 | credit here a                                           | nd                        | ) <u> </u> |                                                |
| 6                     | Less: Other Credits Form                                                                                               | (total from                                       | n Form 511CF                                                      | -n: no.<br>⊇)                   |                                                    |                                       |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                  | ·                         | 5          | 00. 0<br>00. 0                                 |
| 7                     | Balance of tax due (line 5                                                                                             | minus line                                        | e 6. but not le                                                   | ss th                           | an zero)                                           | •••••                                 | ••••••                                | •••• [                                                  |                           |            | .00                                            |
| 8                     | 2019 Oklahoma estimate                                                                                                 | d tax and                                         | extension pav                                                     | ment                            | s and prin                                         | n vear                                | carnyfonw                             | ard                                                     |                           | …; F       | .00                                            |
| 9                     | Oklahoma withholding (er                                                                                               | nclose For                                        | m 1099. Form                                                      | 1.500                           | A Form 50                                          | 00B or                                | other with                            | alu<br>boldina str                                      | atomont                   | °+         | .00                                            |
| 10                    | Amount paid with original                                                                                              | return and                                        | d amount paid                                                     | d afte                          | r it was file                                      | ed (am                                | ended rati                            | urn only)                                               | atement                   | 10         | .00                                            |
| 11                    | Any refunds or overpaym                                                                                                | ent applied                                       | d (amended re                                                     | eturn                           | oniv)                                              |                                       |                                       |                                                         | ••••                      | 11 (       | .00                                            |
| 12                    | Total of lines 8 through 11                                                                                            |                                                   |                                                                   |                                 |                                                    |                                       |                                       |                                                         | ••••                      | 12         | .00                                            |
| 13                    | Overpayment (if line 12 is                                                                                             | larger tha                                        | n line 7 enter                                                    | amol                            | int overpa                                         | id)                                   |                                       |                                                         |                           | .13        | .00                                            |
| 14                    | Amount of line 13 to be c                                                                                              | redited to                                        | 2020 estimate                                                     | ed tax                          | (original)                                         | roturn                                | only                                  |                                                         |                           |            | 0.00                                           |
| Line<br>orga<br>in th | 15 provides you the opportunity to m<br>nization from page 3 of this form in th<br>a box and attach a schedule showing | ake a financial<br>le box below a<br>how you woul | l gift from your refu<br>nd enter the amou<br>d like your donatio | nd to a<br>nt you a<br>n split. | variety of Okla<br>are donating, I                 | ahoma or<br>f giving to               | ganizations. P<br>more than or        | Place the line nu<br>le organization,                   | mber of the<br>put a "99" | •          |                                                |
| 15                    | Donations from your refur                                                                                              | 1d                                                |                                                                   | \$;                             | 2 \$5                                              |                                       | \$                                    |                                                         |                           | 15         | .00                                            |
| 16                    | Add lines 14 and 15 and e                                                                                              | enter amou                                        | unt                                                               |                                 |                                                    |                                       |                                       |                                                         |                           | 16         | .00                                            |
| 17                    | Amount to be refunded to                                                                                               | you (line '                                       | 13 minus line                                                     | 16)                             |                                                    |                                       |                                       | R                                                       | lefund                    | 17         | .00                                            |
| Di                    | rect Deposit Note:                                                                                                     | Is t                                              | his refund going<br>posit my refui                                | to or                           | through an                                         | accoun                                |                                       | ated outside                                            | of the Uni                | ited St    |                                                |
|                       | refunds must be by direct depo<br>Direct Deposit Information on                                                        |                                                   | poole my retui                                                    |                                 |                                                    | CHECK                                 | ing accou                             |                                                         | savings                   | acc        | ount                                           |
|                       | e 4 for details.                                                                                                       | Ко                                                | uting                                                             |                                 |                                                    | Acc                                   | ount                                  |                                                         |                           |            | ····                                           |
|                       |                                                                                                                        | Nu                                                | imber:                                                            |                                 |                                                    | Nun                                   | nber:                                 |                                                         |                           |            |                                                |
| 18                    | Tax Due /if line 7 is larger                                                                                           | than lina 1                                       | 0 optor toy d                                                     | . <b>.</b>                      |                                                    |                                       |                                       | ·                                                       | _                         |            |                                                |
| 19                    | Tax Due (if line 7 is larger :                                                                                         | Vilahoma G                                        | 2 enter tax of                                                    | ие)                             |                                                    | · · · · · · · · · · · · · · · · · · · | •••••••••••••                         |                                                         | x Due                     | 18         | .00                                            |
|                       | (a) Donation: Support the C<br>(b) Donation: Public School                                                             | Classroon                                         | a Support Fun                                                     | d (Ear                          | nu (For infor                                      | mation r                              | egarding this                         | s fund, see pa                                          | ge 3, #3) 1               | 19a        | .00                                            |
| 20                    | (b) Donation: Public School                                                                                            | dd nenalt                                         | v of 5% plugi                                                     | u (ror<br>Intoro                | information                                        | i regardi                             | ng this fund                          | I, see page 3,                                          | , #8) 1                   | 19b        | .00                                            |
| 21                    | For delinquent payment, a Underpayment of estimate                                                                     | ed tax into                                       | y or 570 plus i<br>reet                                           | intere                          | stat 1.20                                          | % per                                 | montn                                 | A                                                       |                           |            | .00                                            |
| 22                    | Total tax, penalty and inte                                                                                            | rest due -                                        | Add lines 18-                                                     | <br>01 · n                      | ovio fullu                                         | uith rot                              | ·····                                 | Annualize                                               | ed [_]                    | 21         | .00                                            |
|                       | penalty of perjury, I declare the informati                                                                            | on contained in                                   | this document attac                                               | μmonte                          | and schodulos                                      |                                       | um                                    | Balanc                                                  | e Due                     | 22         | .00                                            |
| Signa<br>or Tru       | ture of Officer                                                                                                        |                                                   | Date                                                              |                                 | Check this box i<br>the Oklahoma T                 | if Sign                               | atore of Prepar                       |                                                         | )                         |            | Date 13-)(                                     |
| Print<br>Name         | JENNIFER BAKER                                                                                                         |                                                   |                                                                   | (                               | Commission<br>may discuss this<br>return with your | s Print                               | ed Name<br>eparer Be                  | th M Peppe                                              | <u>upp</u><br>er, CPA     |            | 5-13-21                                        |
| Title                 |                                                                                                                        | Phone Number                                      |                                                                   | 1                               | tax preparer.                                      | 1                                     | e Number:                             |                                                         |                           |            | er's PTIN:                                     |
| EXE                   | CUTIVE DIRECTOR                                                                                                        | (405) 32                                          | 1-9600                                                            |                                 |                                                    |                                       | 405-                                  | 213-7566                                                |                           |            | P00891598                                      |

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P00891598

Item 1.

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Form 512E

2019



Item 1. With Aging Services Inc. for the Operation of the Kiwanis Kruiser

Transportation Program for Senior Adults and Adults with Disabilities

# FY22 ANNUAL REPORT as of 01/31/2022

Aging Services Inc./ASI appreciates the support from the City of Norman for the operation of the Kiwanis Kruiser Transportation Program for senior adults and adults with disabilities. For many years, the support from the City of Norman which covers gasoline and repair expenses has been an integral component of the ASI transportation program.

Aging Services Inc. tracks the number of one way rides and the number of unduplicated individuals served by the Kiwanis Kruiser Transportation Program. ASI then tracks the number of senior adults served separately from the number of individuals with disabilities who are provided rides by this service.

- From 07/01/21 through 12/31/21 (FY22 Year-to Date), the Kiwanis Kruiser provided a total of 837 one way rides to a pool of 426 senior adults and 0 adults with disabilities.
- From 07/01/20 through 6/30/21 (FY21 Year End), the Kiwanis Kruiser provided a total of 1,052 one way rides to a pool of 426 senior adults and 1 adults with disabilities.
- From 07/01/19 through 06/30/19 (FY19 Year End), the Kiwanis Kruiser provided a total of . 2,002 one-way rides to a pool from 997 senior adults and 27 adults with disabilities.

The arrival of the pandemic has caused our transportation numbers to be a lot lower especially during the first 6 months of this year. People are still riding but our Covid -19 protocol states we can only use every other seat on the bus. Seniors are also staving home to be safe. There are more opportunities to have meal delivery and medical appointments in-home instead of in-office so a ride at this time

A 2007 Star craft AllIstar bus was used to provide these services. The bus was acquired through the federally funded 5310 program which was administered by OKDHS. The program is now administered by OODOT's Office of Mobility and Public Transit Division. Agina Services, Inc. filled out an application for a new 12-passenger vehicle under the Federal Item 1. Transit Administration Section 5310 program on September 23, 2020. On January 19, 2021, ASI received a letter that they have been approved for this vehicle and that the Transit Division of ODOT was in the process of programming the funds and will be sending out agreements in the coming weeks. In a conversation with Creative Bus Sales on Friday, January 28, 2022, I learned that we probably would not be receiving our bus unless e could come up with \$32,168 more. This price hike is because of the inability to get as many chassis from Ford, and the rising cost of everything. When we receive our new 5310 vehicle, we will of course let the City of Norman know. Hopefully, this new vehicle will be much more energy efficient and need very little repair, if any.

The federal Transit Administration has been sending us PPE to install in our old bus. We have plastic sheeting around the bus driver, as well as an installed air infiltration system, masks, gloves, and sanitizers. The new vehicle will come equipped with all of these PPE items installed. The 2007 Star craft Allstar will be kept to start a new ASI rural bus route.

The Norman Chapter of the Kiwanis Club has provided not only a monthly stipend to support this service; but has provided the match the funds for the new 5310 bus and the new vehicle will also become the Kiwanis Kruiser. The new vehicle will carry twelve passengers and is equipped with a wheelchair lift. The Kiwanis Kruiser vehicle has been driven a total of **4,420 miles** to provide this service as of 12/31/21.

The Kiwanis Kruiser is available to provide rides to all persons age 60 and over and adults with disabilities at least 18 years of age. Rides are provided on a first come, first served basis Monday through Friday from 8:30am until 4:00 pm. Rides for medical appointments may be reserved one week in advance. All other rides can be scheduled two days in advance. There is no fixed route and the service is provided on a demand response system. The service perimeters are as follows:

- North to Tecumseh Road
- South to Cedar Lane
- East to 36<sup>th</sup> Street
- West to 48<sup>th</sup> Street

Aging Services, Inc. is going to be looking at new service perimeters this year. We make <u>Item 1.</u> regular runs to the Norman Regional Health Complex. Because of this we are now covering more miles than we previously did. As Norman grows, we want to make sure that our service perimeters change with that growth. Once the new service perimeters are set, the City of Norman will be notified.

To make an appointment for a ride, riders call the ASI office. Riders are asked to provide their name, address, phone number and the address of their destination to book their reservation. Wednesdays are reserved for Wal-Mart shopping only. Individuals from all over the service area as well as groups from apartment complexes such as Senior Cottages, Savannah House–East, Savannah House-West, Rose Rock Villa and Northcliff Gardens utilize this service.

Areawide Aging Agency is the primary funder of our transportation program via an Older Americans Act/Title III Grant. Aging Services Inc. has been awarded this grant for over 40 years. For FY22, the budget for the transportation program is \$52,142.00 and at this time, it is hoped that the award for FY23 will remain at approximately the same level of funding. The transportation program is also supported by the Kiwanis Club of Norman who has been providing a \$200 per month donation to the ASI program. Rider donations also help to fund the program. Rides are provided on a donation basis with a suggested donation for a oneway ride of \$1.25. No one is denied a ride whether or not a donation is made because it is a stipulation of the Older Americans Act/Title III grant. During the first six months of this fiscal year, the Kiwanis Club and the Kruiser riders donated a total of \$1,981.41\_for the rides that were provided. These donations covered 4% of the cost to operate this service during FY21 year-to-date. It should be noted that the overwhelming majority of Kiwanis Kruiser riders are living on a fixed income and at least 65% of riders are at or below the federal poverty guidelines given their monthly income level.

ASI provided Kiwanis Kruiser riders with a Satisfaction Survey in April of 2020. The majority of the riders who responded to the survey questions reported the following:

- Most riders are females who still live in their own home.
- Most riders are at least 60 years of age or older.

• Most riders feel the Kiwanis Kruiser Transportation Service is very important.

- Most riders stated that the service helps them get out of the house more often and enhances their ability to continue to live independently and less lonely lives.
- Most riders felt that the service was excellent.

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• The most frequently requested rides were for medical appointments and grocery shopping opportunities.

ASI holds a contract with OK Department of Human Services to provide ADvantage Case Management Services. ASI also holds a contract to provide ADvantage Meals in Cleveland County. Income from these contracts is used to make up the difference between the budget and actual expenses, but these funds are also needed to help with expenses of other programs and services provided. Therefore, the Aging Services Inc. Board of Directors has been working to develop new fund raising efforts to help fund our much needed programs and services for senior adults in our community. Currently, the Board of Directors is conducting a year end fund raising campaign to benefit our programs and services. Aging Services held an on-line auction this year in December along with our Annual Fund Drive. We have raised \$4,285 to date. We continue to explore other fund raising ideas that will begin in 2022.

We have been incredibly thankful for the contract that we have had with the City of Norman this year. They have fixed so much on our "carry over" vehicle that it almost is like a new vehicle. Aging Services Inc. respectfully requests consideration of a continuation of this contract at the rate not to exceed \$14,500 for FY22/23. It is hoped that the City will find that the service is of great enough importance to continue the funding to cover our gasoline and normal repair expenses. Aging Services Inc. appreciates the support of the City of Norman in this endeavor.

Respectfully submitted,

Tammy C. Vaughn Executive Director

02/01/22

Accrual Basis

## Aging Services, Inc. Profit & Loss Budget vs. Actual July 2020 through June 2021

|                                           | Jul '20 - Jun 21 | Budget       | \$ Over Budget | % of Budget |
|-------------------------------------------|------------------|--------------|----------------|-------------|
| dinary Income/Expense                     |                  |              |                |             |
| Income                                    |                  |              |                |             |
| 4 · Contributed support - Main Acct       |                  |              |                |             |
| 4010 · Participant Contributions          | 69,492.34        | 73,105.56    | -3,613.22      | 95.1%       |
| 4230 · Local Grants - Main Acct           |                  |              |                |             |
| 4346 · City of Norman-SVSC                | 4,598.28         |              |                |             |
| 4345 · City of Norman CDBG-Covid Fun      | 5,000.00         |              |                |             |
| 4238 · EFSP/Norman New Meals              | 0.00             | 18,900.00    | -18,900.00     | 0.0%        |
| 4237 · Emergency Food and Shelter Gran    | 36,100.00        | 31,500.00    | 4,600.00       | 114.6%      |
| 4242 · OEC Operation Round Up             | 10,000.00        | 10,000.00    | 0.00           | 100.0%      |
| 4241 · United Way Covid Funds             | 5,000.00         |              |                |             |
| 4240 · City of Moore Cares Grant          | 29,153.65        |              |                |             |
| 4231 · City of Moore CDBG                 | 15,000.00        | 49,154.00    | -34,154.00     | 30.5%       |
| 4232 · United Way Housekeeping            | 20,000.00        | 25,000.00    | -5,000.00      | 80.0%       |
| 4236 · Misc. Small Grants                 | 1,963.31         |              |                |             |
| 4230 · Local Grants - Main Acct - Other   | 3,500.00         |              |                |             |
| Total 4230 · Local Grants - Main Acct     | 130,315.24       | 134,554.00   | -4,238.76      | 96.8%       |
| 4330 · Local Donations - Main Acct        |                  |              |                |             |
| 4344 · On Line Auction                    | 1,662.08         |              |                |             |
| 4338 · PayPal-Website Donations           | 450.31           |              |                |             |
| 4331 · Annual Fund Drive-Unrestricted     | 3,246.30         | 3,422.00     | -175.70        | 94.9%       |
| 4332 · Misc. Small Donations              | 3,244.07         | -,           |                | •           |
| 4334 · Memorial Donations                 | 530.00           |              |                |             |
| 4335 · Kiwanis Club                       | 3,800.00         | 2,400.00     | 1,400.00       | 158.3%      |
| 4336 · Christmas Donations                | 1,250.00         |              | 1,100.00       | 100.070     |
| Total 4330 · Local Donations - Main Acct  | 14,182.76        | 5,822.00     | 8,360.76       | 243.6%      |
| Total 4 · Contributed support - Main Acct | 213,990.34       | 213,481.56   | 508.78         | 100.2%      |
| 5 · Earned revenues - Main Acct           |                  |              |                |             |
| 5010 · AAA Grants Main Account            |                  |              |                |             |
| 5010.1 · AAA Grants                       | 1,201,826.77     | 1,371,210.00 | -169,383.23    | 87.6%       |
| Total 5010 · AAA Grants Main Account      | 1,201,826.77     | 1,371,210.00 | -169,383.23    | 87.6%       |
| 5020 · Medicaid - Health Care Ath-Main    |                  |              |                |             |
| 5030 · ADV Meals                          | 137,690.40       | 130,610.00   | 7,080.40       | 105.4%      |
|                                           | -                |              |                |             |
| 5040 · ADV Case Management                | 184,132.72       | 165,132.00   | 19,000.72      | 111.5%      |

02/01/22

#### Accrual Basis

# Aging Services, Inc. Profit & Loss Budget vs. Actual July 2020 through June 2021

|                                                                                                                                                                               | Jul '20 - Jun 21                                   | Budget                            | \$ Over Budget                  | % of Budget              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|
| 5150 · Revenues - Main Account<br>5319 · Misc Income<br>5318 · Realized gain on sale of stock<br>5205 · Insurance Reimbursement<br>5310 · Interest Income<br>5315 · Dividends | 707.29<br>25,162.70<br>170.26<br>52.20<br>1,276.80 | , ,                               |                                 |                          |
| Total 5150 · Revenues - Main Account                                                                                                                                          | 27,369.25                                          |                                   |                                 |                          |
| Total 5 · Earned revenues - Main Acct                                                                                                                                         | 1,551,019.14                                       | 1,666,952.00                      | -115,932.86                     | 93.0%                    |
| 5100 · Write off uncollected medicaid                                                                                                                                         | -3,715.88                                          |                                   |                                 |                          |
| Total Income                                                                                                                                                                  | 1,761,293.60                                       | 1,880,433.56                      | -119,139,96                     | 93.7%                    |
| Gross Profit                                                                                                                                                                  | 1,761,293.60                                       | 1,880,433.56                      | -119,139.96                     | 93.7%                    |
| Expense<br>4000 · Reconciliation Discrepancies<br>7220.1 · FT Hourly-Main Acct.                                                                                               | 0.01<br>131,551.04                                 | 135,023.00                        | -3,471.96                       | 97.4%                    |
| 723521 · Hourly Overtime<br>7200 · Salaries Expenses - Main Acct                                                                                                              | 1,801.78                                           |                                   |                                 | 8                        |
| 7210 · Executive Director-Hourly                                                                                                                                              | 41,357.61                                          | 40,553.00                         | 804.61                          | 102.0%                   |
| 71131 · Case Manager-Salary                                                                                                                                                   | 109,616.57                                         | 108,820.00                        | 796.57                          | 100.7%                   |
| 71126 · Kitchen Supervisor-Hourly<br>71127 · Kitchen Sup-Hrly PTO                                                                                                             | 26,609.26                                          | 29,660.00                         | -3,050,74                       | 89.7%                    |
| 7220 · Accountant III-Hourly                                                                                                                                                  | 3,080.16<br>48,841.47                              | 52,203.00                         | -3,361.53                       | 93.6%                    |
| 7220.4 · Accountant III-PTO                                                                                                                                                   | 3,470.73                                           | 52,205.00                         | -3,301.33                       | 93.076                   |
| 7220.2 · PT Hourly-Main Acct.                                                                                                                                                 | 102,760.00                                         | 145,579.00                        | -42,819.00                      | 70.6%                    |
| 7230 · Retirement<br>7240 · Employee Benefit Exp - Main Acc                                                                                                                   | 20,819.94                                          | 29,050.00                         | -8,230.06                       | 71.7%                    |
| 7220.3 · Longevity Bonus                                                                                                                                                      | 12,347.00                                          | 12,753.00                         | -406.00                         | 96.8%                    |
| 7240.1 · Health Insurance                                                                                                                                                     | 61,968.10                                          | 67,302.00                         | -5,333.90                       | 92.1%                    |
| 7240.3 · Unemployment Expenses                                                                                                                                                | 0.00                                               | 3,059.00                          | -3,059.00                       | 0.0%                     |
| 7240.4 · Workers Compensation                                                                                                                                                 | 6,530.51                                           | 9,358.00                          | -2,827.49                       | 69.8%                    |
| Total 7240 · Employee Benefit Exp - Main                                                                                                                                      | 80,845.61                                          | 92,472.00                         | -11,626.39                      | 87.4%                    |
| 7250 · Payroll taxes                                                                                                                                                          | 40,310.85                                          | 40,574.00                         | -263.15                         | 99.4%                    |
| Total 7200 · Salaries Expenses - Main Acct                                                                                                                                    | 477,712.20                                         | 538,911.00                        | -61,198.80                      | 88.6%                    |
| 7500 · Other Prof Expense - Main Acct<br>7500.4 · Professional Fees<br>7510 · 990 Tax Return<br>7520 · Audit Expense                                                          | 0.00<br>1,400.00<br>13,454.60                      | 1,890.00<br>1,192.00<br>10,683.00 | -1,890.00<br>208.00<br>2,771.60 | 0.0%<br>117.4%<br>125.9% |
| Total 7500 · Other Prof Expense - Main Acct                                                                                                                                   | 14,854.60                                          | 13,765.00                         | 1,089.60                        | 107.9%                   |

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Accrual Basis

## Aging Services, Inc. Profit & Loss Budget vs. Actual July 2020 through June 2021

|                                            | Jul '20 - Jun 21 | Budget    | \$ Over Budget | % of Budget |
|--------------------------------------------|------------------|-----------|----------------|-------------|
| 8100 · Admin Expenses - Main Acct          |                  |           |                |             |
| 8112 · interest Expense                    | 920.32           |           |                |             |
| 8111 · Bank SC                             | 341.00           |           |                |             |
| 8130.1 · Celi Phones                       | 324.05           | 348.00    | -23.95         | 93.1%       |
| 8105 · Chargeback                          | 210.33           |           |                |             |
| 8570 · Employment Ads                      | 444.50           | 600.00    | -155.50        | 74.1%       |
| 8160 · Equip rental & maintenance          | 770.00           | 4,200.00  | -3,430.00      | 18.3%       |
| 8000 First Fidelity Bank-Interest Ex       | 1,685.48         |           | ,              |             |
| 8170 Printing & copying                    | 5,422.89         | 5,749.00  | -326.11        | 94.3%       |
| 8002 · Insurance/office/misc               | 2,052.55         | 1,733.00  | 319.55         | 118.4%      |
| 8003 · Directors and Officers Insur        | 1,262.97         | 0.00      | 1,262.97       | 100.0%      |
| 8004 · Site Liability Insurance            | 1,096.86         | 655.00    | 441.86         | 167.5%      |
| 8530 · Membership dues - organization      | 482.60           | 1,000.00  | -517.40        | 48.3%       |
| 8110 · Office Supplies                     | 12,768.13        | 8,860.00  | 3,908.13       | 144.1%      |
| 8560 · Outside computer services           | 1,880.00         | 1,482.00  | 398.00         | 126.9%      |
| 8140 · Postage, shipping, delivery         | 1,650.00         | 3,998.00  | -2,348.00      | 41.3%       |
| 8130 · Telephone & telecommunications      | 5,203.88         | 4,479.00  | 724.88         | 116.2%      |
| 8640 · Volunteer Insurance                 | 608.83           | .,        |                | 110.270     |
| otal 8100 · Admin Expenses - Main Acct     | 37,124.39        | 33,104.00 | 4,020.39       | 112.1%      |
| 200 · Occupancy expenses - Main Acct       |                  |           |                |             |
| 8210 · Rent, Utilities                     | 29,818.14        | 26,616.00 | 3,202.14       | 112.0%      |
| 8240 · Pest Control                        | 550.00           | 648.00    | -98.00         | 84.9%       |
| otal 8200 · Occupancy expenses - Main Acct | 30,368.14        | 27,264.00 | 3,104.14       | 111.4%      |
| 3300 · Travel & Meet Exp - Main Acct       |                  |           |                |             |
| 8310 · Travel - Admin Staff                | 1,628.31         | 2,391.00  | -762.69        | 68.1%       |
| 8310.01 · Travel - Outreach                | 1,132.48         | 1,463.00  | -330.52        | 77.4%       |
| 8310.02 · Travel - Casemanagement          | 380.98           | 2,200.00  | -1,819.02      | 17.3%       |
| 8310.03 · Travel - Site Managers           | 276.07           | 1,262,00  | -985.93        | 21.9%       |
| 8310.04 · Travel-Housekeeper               | 74.52            | 5,226.00  | -5,151.48      | 1.4%        |
| 8310.1 Food Carrier Mileage                | 1,898,51         | 2.078.97  | -180.46        | 91.3%       |
| 8310.2 · Home Delivery Mileage             | 21,693.32        | 25,805.75 | -4,112.43      | 84.1%       |
| 8310.3 · Travel-Respite                    | 1,258,46         | 4,990.00  | -3,731.54      | 25.2%       |
| 8320 · Conference, convention, meeting     | 100.00           | .,        |                |             |
| otal 8300 · Travel & Meet Exp - Main Acct  | 28,442.65        | 45,416.72 | -16,974.07     | 62.6%       |
| 400 · Client Services - Main Account       |                  |           |                |             |
| 8532 · Staff Retreat                       | 0.00             |           |                |             |
| 8120 · Vehicle Operations Expense          | 15,322.40        | 22,213.00 | -6,890.60      | 69.0%       |
| 8225 · Site Supplies                       | 0.00             | ,_ ·      | -,             | ,0          |
| 8230 · Kitchen and Site Supplies           | 40,590.35        | 38,057.66 |                | 106.7%      |

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Accrual Basis

## Aging Services, Inc. Profit & Loss Budget vs. Actual July 2020 through June 2021

|                                             | Jul '20 - Jun 21 | Budget       | \$ Over Budget | % of Budget |
|---------------------------------------------|------------------|--------------|----------------|-------------|
| 8410 · Senior Sup Serv Main Acct            |                  |              |                |             |
| 8533 Board Retreat                          | 0.00             |              |                |             |
| 8432 · Day of Caring Expenses               | 0.00             |              |                |             |
| 8431 · GRG Conference Expenses              | 0.00             |              |                |             |
| 8429 · Center Stage For Seniors             | 120.00           |              |                |             |
| 8411 · Dental                               | 32.15            |              |                |             |
| 8412 · Utility Assistance                   | 2,498.03         |              |                |             |
| 8413 · Eye Exam and Glasses                 | 255.00           |              |                |             |
| 8415 · Telephone Asst.                      | 0.00             |              |                |             |
| 8417 · Vehicle Repairs                      | 0.00             |              |                |             |
| 8418 · Misc Expense                         | 6,182.32         |              |                |             |
| 8419 · Client Christmas Gifts               | 510.88           |              |                |             |
| 8420 · Food Pantry                          | 0.00             |              |                |             |
| 8421 · Prescription Drugs                   | 200.00           |              |                |             |
| 8422 · Groceries/Supplies                   | 79.37            |              |                |             |
| 8423 · Rental Assistance                    | 542.00           |              |                |             |
| 8426 · Volunteer Appreciation               | 45.15            |              |                |             |
| 8427 · Misc Client Expense                  | 52.73            |              |                |             |
| 8428 · Equipment                            | 1,626.83         | 45,951.83    | -44,325.00     | 3.5%        |
| Total 8410 · Senior Sup Serv Main Acct      | 12,144.46        | 45,951,83    | -33,807.37     | 26.4%       |
| 8450 · Dietitian                            | 4,836.00         | 8,008.00     | -3,172.00      | 60.4%       |
| 8460 · Food Costs                           |                  |              |                |             |
| 8460.01 · ADV Food Cost                     | 0.00             |              |                |             |
| 8460.05 · Title III Food Cost               | 237,200,97       | 290,798.19   | -53,597.22     | 81.6%       |
| 8460.06 · AF Food Cost                      | 0.00             |              |                |             |
| 8460 · Food Costs - Other                   | 0.00             | 0,00         | 0.00           | 0.0%        |
| Total 8460 · Food Costs                     | 237,200.97       | 290,798.19   | -53,597.22     | 81.6%       |
| 8465 · Emergency Meals                      | 0.00             | 0.00         | 0.00           | 0.0%        |
| 8470 Frozen Meals                           | 191,474.54       | 221,819.80   | -30,345.26     | 86.3%       |
| 8490 · USDA Costs                           | 25,043.82        | 53,183.00    | -28,139.18     | 47.1%       |
| Total 8400 · Client Services - Main Account | 526,612.54       | 680,031.48   | -153,418.94    | 77.4%       |
| 8401 · Respite Care                         | 190,440.20       | 220,660.00   | -30,219.80     | 86.3%       |
| 8402 · Respite-GRG                          | 49,000.00        | 49,700.00    | -700.00        | 98.6%       |
| 8850 · Depreciaton                          | 14,575.75        |              |                |             |
| Total Expense                               | 1,502,483.30     | 1,743,875.20 | -241,391.90    | 86.2%       |
| et Ordinary Income                          | 258,810.30       | 136,558.36   | 122,251.94     | 189.5%      |
| Dther Income/Expense                        |                  |              |                |             |
| Other Income                                |                  |              |                |             |
| 5101 · Other Income                         | 1,700.00         |              |                |             |

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Accrual Basis

#### Aging Services, Inc. Profit & Loss Budget vs. Actual July 2020 through June 2021

| Jul '20 - Jun 21 | Budget                                               | \$ Over Budget                                       | % of Budget                                          |
|------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| -12,939.80       |                                                      |                                                      |                                                      |
| -12,939.80       |                                                      |                                                      |                                                      |
| -11,239.80       |                                                      |                                                      |                                                      |
| -11,239.80       |                                                      |                                                      |                                                      |
| 247,570.50       | 136,558.36                                           | 111,012.14                                           | 181.3%                                               |
|                  | -12,939.80<br>-12,939.80<br>-11,239.80<br>-11,239.80 | -12,939.80<br>-12,939.80<br>-11,239.80<br>-11,239.80 | -12,939.80<br>-12,939.80<br>-11,239.80<br>-11,239.80 |

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#### Aging Services, Inc. Profit & Loss July 2020 through June 2021

|                                                                                  | Jul '20 - Jun 21       |
|----------------------------------------------------------------------------------|------------------------|
| Ordinary Income/Expense<br>Income                                                |                        |
| 4 · Contributed support - Main Acct<br>4010 · Participant Contributions          | 69,492.34              |
| 4230 · Local Grants - Main Acct                                                  | ,                      |
| 4346 · City of Norman-SVSC                                                       | 4,598.28               |
| 4345 · City of Norman CDBG-Covid Funds<br>4237 · Emergency Food and Shelter Gran | 5,000.00<br>36,100.00  |
| 4242 · OEC Operation Round Up                                                    | 10,000.00              |
| 4241 · United Way Covid Funds                                                    | 5,000.00               |
| 4240 · City of Moore Cares Grant                                                 | 29,153.65              |
| 4231 · City of Moore CDBG                                                        | 15,000.00              |
| 4232 · United Way Housekeeping                                                   | 20,000-00              |
| 4236 · Misc. Small Grants                                                        | 1,963.31               |
| 4230 · Local Grants - Main Acct - Other                                          | 3,500.00               |
| Total 4230 · Local Grants - Main Acct                                            | 130,315.24             |
| 4330 · Local Donations - Main Acct                                               |                        |
| 4344 · On Line Auction                                                           | 1,662.08               |
| 4338 · PayPal-Website Donations<br>4331 · Annual Fund Drive-Unrestricted         | 450.31                 |
| 4331 · Annual Fund Drive-Onrestricted<br>4332 · Misc. Small Donations            | 3,246,30<br>3,244.07   |
| 4332 • Misc. Small Donations                                                     | 530.00                 |
| 4335 · Kiwanis Club                                                              | 3,800.00               |
| 4336 · Christmas Donations                                                       | 1,250.00               |
| Total 4330 · Local Donations - Main Acct                                         | 14,182.76              |
| Total 4 · Contributed support - Main Acct                                        | 213,990.34             |
| 5 · Earned revenues - Main Acct<br>5010 · AAA Grants Main Account                |                        |
| 5010.1 · AAA Grants                                                              | 1,201,826.77           |
| Total 5010 · AAA Grants Main Account                                             | 1,201,826.77           |
| 5020 · Medicaid - Health Care Ath-Main                                           |                        |
| 5030 · ADV Meals                                                                 | 137,690.40             |
| 5040 · ADV Case Management                                                       | 184,132.72             |
| Total 5020 · Medicaid - Health Care Ath-Main                                     | 321,823.12             |
| 5150 · Revenues - Main Account                                                   | 707.00                 |
| 5319 · Misc Income<br>5318 · Realized gain on sale of stock                      | 707.29<br>25,162.70    |
| 5205 · Insurance Reimbursement                                                   | 170.26                 |
| 5310 · Interest Income                                                           | 52.20                  |
| 5315 · Dividends                                                                 | 1,276.80               |
| Total 5150 · Revenues - Main Account                                             | 27,369.25              |
| Total 5 · Earned revenues - Main Acct                                            | 1,551,019.14           |
| 5100 · Write off uncollected medicaid                                            | -3,715.88              |
| Total Income                                                                     | 1,761,293.60           |
| Gross Profit                                                                     | 1,761,293.60           |
| Expense                                                                          |                        |
| 4000 · Reconciliation Discrepancies                                              | 0.01                   |
| 7220.1 · FT Hourly-Main Acct.                                                    | 131,551.04             |
| 723521 Hourty Overtime                                                           | 4 004 70               |
| 723521 · Hourly Overtime<br>7200 · Salaries Expenses - Main Acct                 | 1,801.78<br>477 712 20 |
| 1200 - Salaries Experises - Midili AUCL                                          | 477,712.20             |

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#### Aging Services, Inc. Profit & Loss July 2020 through June 2021

|                                                                     | Jul '20 - Jun 21      |
|---------------------------------------------------------------------|-----------------------|
| 7500 · Other Prof Expense - Main Acct                               |                       |
| 7510 · 990 Tax Return<br>7520 · Audit Expense                       | 1,400.00<br>13,454.60 |
| Total 7500 · Other Prof Expense - Main Acct                         | 14,854.60             |
| 8100 · Admin Expenses - Main Acct                                   |                       |
| 8112 · interest Expense                                             | 920.32                |
| 8111 · Bank SC                                                      | 341.00                |
| 8130.1 · Cell Phones                                                | 324.05                |
| 8105 · Chargeback                                                   | 210.33                |
| 8570 · Employment Ads                                               | 444.50                |
| 8160 · Equip rental & maintenance                                   | 770.00                |
| 8000 · First Fidelity Bank-Interest Ex<br>8170 · Printing & copying | 1,685.48              |
| 8002 · Insurance/office/misc                                        | 5,422.89              |
| 8003 · Directors and Officers Insur                                 | 2,052.55              |
| 8004 · Site Liability Insurance                                     | 1,262.97<br>1,096.86  |
| 8530 · Membership dues - organization                               | 482.60                |
| 8110 · Office Supplies                                              | 12,768.13             |
| 8560 · Outside computer services                                    | 1,880.00              |
| 8140 · Postage, shipping, delivery                                  | 1,650.00              |
| 8130 · Telephone & telecommunications                               | 5,203.88              |
| 8640 · Volunteer Insurance                                          | 608.83                |
| Total 8100 · Admin Expenses - Main Acct                             | 37,124.39             |
| 8200 · Occupancy expenses - Main Acct                               |                       |
| 8210 · Rent, Utilities                                              | 29,818.14             |
| 8240 · Pest Control                                                 | 550.00                |
| Total 8200 · Occupancy expenses - Main Acct                         | 30,368.14             |
| 8300 · Travel & Meet Exp - Main Acct                                |                       |
| 8310 · Travel - Admin Staff                                         | 1,628.31              |
| 8310.01 · Travel - Outreach                                         | 1,132.48              |
| 8310.02 · Travel - Casemanagement                                   | 380.98                |
| 8310.03 · Travel - Site Managers                                    | 276.07                |
| 8310.04 · Travel-Housekeeper                                        | 74.52                 |
| 8310.1 · Food Carrier Mileage<br>8310.2 · Home Delivery Mileage     | 1,898.51              |
| 8310.3 · Travel-Respite                                             | 21,693.32<br>1,258.46 |
| 8320 · Conference, convention, meeting                              | 100.00                |
| Total 8300 · Travel & Meet Exp - Main Acct                          |                       |
| 8400 · Client Services - Main Account                               | 28,442.65             |
| 8532 · Staff Retreat                                                | 0.00                  |
| 8120 · Vehicle Operations Expense                                   | 15,322.40             |
| 8225 · Site Supplies                                                | 0.00                  |
| 8230 · Kitchen and Site Supplies                                    | 40,590.35             |
| 8410 · Senior Sup Serv Main Acct                                    |                       |
| 8533 · Board Retreat                                                | 0.00                  |
| 8432 · Day of Caring Expenses                                       | 0.00                  |
| 8431 · GRG Conference Expenses                                      | 0.00                  |
| 8429 · Center Stage For Seniors                                     | 120.00                |
| 8411 · Dental                                                       | 32.15                 |
| 8412 · Utility Assistance                                           | 2,498.03              |
| 8413 · Eye Exam and Glasses                                         | 255.00                |
| 8415 · Telephone Asst.<br>8417 · Vehicle Repairs                    | 0.00                  |
| 8418 · Misc Expense                                                 | 0.00                  |
| 8419 · Client Christmas Gifts                                       | 6,182.32<br>510.88    |
| 8420 · Food Pantry                                                  | 0.00                  |
| 8421 · Prescription Drugs                                           | 200.00                |
| 8422 · Groceries/Supplies                                           | 79.37                 |
| 8423 · Rental Assistance                                            | 542.00                |
| 8426 · Volunteer Appreciation                                       | 45.15                 |
|                                                                     |                       |

02/01/22 Accrual Basis

#### Aging Services, Inc. Profit & Loss July 2020 through June 2021

|                                                                                                                             | Jul '20 - Jun 21                       |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 8427 · Misc Client Expense<br>8428 · Equipment                                                                              | 52.73<br>1,626.83                      |
| Total 8410 · Senior Sup Serv Main Acct                                                                                      | 12,144.46                              |
| 8450 · Dietitian<br>8460 · Food Costs<br>8460.01 · ADV Food Cost<br>8460.05 · Title III Food Cost<br>8460.06 · AF Food Cost | 4,836.00<br>0.00<br>237,200.97<br>0.00 |
| Total 8460 · Food Costs                                                                                                     | 237,200.97                             |
| 8470 · Frozen Meals<br>8490 · USDA Costs                                                                                    | 191,474.54<br>25,043.82                |
| Total 8400 · Client Services - Main Account                                                                                 | 526,612.54                             |
| 8401 · Respite Care<br>8402 · Respite-GRG<br>8850 · Depreciaton                                                             | 190,440.20<br>49,000.00<br>14,575.75   |
| Total Expense                                                                                                               | 1,502,483.30                           |
| Net Ordinary Income                                                                                                         | 258,810.30                             |
| Other Income/Expense<br>Other Income<br>5101 · Other Income<br>6800 · Unrealized gain (loss)                                | 1,700.00<br>12,939.80                  |
| Total Other Income                                                                                                          | -11,239.80                             |
| Net Other Income                                                                                                            | -11,239.80                             |
| Net Income                                                                                                                  | 247,570.50                             |

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#### **Board of** Trustees

#### **Executive Committee**

Don Schooler President

Mark McClellan Treasurer

**Members** 

Deah Caldwell

Michael Duncan

Bianca Gordon

Niki Leonard

Celia Monroe

Staff

Shari Jackson **Executive Director** 

Danielle Tipton **Events Coordinator** 

#### Report to City of Norman Finance Committee – February 1, 2022

As always, we begin with gratitude for the partnership with the City of Norman that allows us to provide community arts programming in this beautiful, historic Norman landmark. We have a vision to create community through shared artistic experiences and our space in The Depot allows us to do that.

The Depot is thrilled to continue its partnership with the City of Norman to assist in the care of Amtrak's Heartland Flyer passenger train and to care for the Depot. We believe that the programming we provide through the stewardship of this structure on the National Registry of Historic Places not only aids the growth of Downtown Norman and supports its designation as a cultural district by the Oklahoma Arts Council, but promotes a strong and healthy community and makes Norman a great place to live and visit.

For the previous fiscal year, funds in the amount of \$5,000 were disbursed to The Depot to assist in providing services to Amtrak's Heartland Flyer passengers. Numbers have been a bit lower since the pandemic hit, but are coming back strong. We served exactly 4,185 train passengers during the calendar year 2021, but over 820 in January of 2022. The Depot provides hospitality to train riders and other guests Monday to Friday from 8am to 9am, when the train departs. We provide a waiting space, coffee, and Amtrak information services during all our operating hours. This function is served with the assistance of extraordinary and dedicated volunteers, with all materials and supplies provided by the The Depot. In addition, our staff receives daily visitors and phone calls from potential Amtrak customers looking for travel information.

Numbers are increasing again for AMTRAK as are our costs associated with hosting passengers in person due to the cleaning and supplies required due to COVID. We appreciate this opportunity to update you on our activities as we care for this historic building and fulfill a contract on behalf of the City of Norman.

Thank you for your consideration of our funding request, and for the opportunity to continue to serve our community,

Shari Jackson **Executive Director** The Depot

#### USE OF CITY FUNDING (FY 20-21)

Staffing: \$3600 Our Events Coordinators time is spent arranging and communicating with train volunteers, staffing hours, providing information for prospective train customers in person or by phone.

Supplies: \$319.47 Cleaning supplies, masks, hand sanitizer, etc, to maintain a safe environment. You will note that this amount is lower than previous years as we stopped coffee service for several months.

Printing: \$50 Printing of AMTRAK schedules for guests

Maintenance: \$2600 Weekly deep cleans.

#### TOTAL: \$6569.47

#### **REQUEST FOR FISCAL YEAR 2022-2023**

AMTRAK SERVICES: \$6500.00

We request \$6500.00 to continue to fulfill the contract between the City of Norman and AMTRAK to provide services to the train customers.

FACILITY SUPPORT: \$600

Security \$600 – The Depot installed and has maintained a security/alarm system for the last 17 years. Respectfully, we ask that you consider this small request to help us maintain the security for this City-owned community treasure.

#### TOTAL CASH SUPPORT REQUEST: \$5600

#### **REVENUE GENERATED TO COVER ADMINISTRATIVE COSTS**

The pandemic has had a devastating impact on our ability to generate revenue by providing the space as a rental venue for social gatherings, which still remain unadvisable. Our ticketed programming was halted as well. We have been fortunate to have two extremely successful membership drives and donations have helped us maintain our financial stability. We are pleased to note that in the last few months we are seeing a rapid increase in the number of requests to rent the Depot.

RENTAL REVENUE: \$27,273 (a nearly 75% decrease from pre-pandemic numbers)

The Depot is made available to the public for rental at the following rates.

\$125/hour Friday/Saturday \$100/hour Sunday-Thursday Rentals are a minimum of two hours and incur an additional \$50 cleaning fee.

Rental revenue covered 15% of our administrative overhead. Commissions on art shown from our Gallery Shows covered another 15%, and the other administrative costs are covered by grants, membership, corporate and individual giving, and fundraisers.

As requested, attached you will find a year-end financial report for the most recently completed fiscal year. Please feel free to contact me with any questions you may have, or for any other information you require.

Thank you again to the City of Norman for their continued support for the Historic Santa Fe Depot. WE are very proud of the way we have responded to the pandemic during the current year, and shifted our programming, fundraising, and events to continue to maintain a healthy organization that continues to innovate to serve our community. We appreciate the partnership, and your support.

Thank you for your consideration.

| Outside Agency Requests                                            |                   |    |         |    |         |    |         |                            |         |  |                    |
|--------------------------------------------------------------------|-------------------|----|---------|----|---------|----|---------|----------------------------|---------|--|--------------------|
| Agency                                                             | Account<br>Number |    |         |    |         |    |         | FYE 2022<br>Actual-to-date |         |  | YE 2023<br>Request |
| Social/Voluntary Services                                          | 10110187-44741    | \$ | 175,000 | \$ | 250,000 | \$ | 122,617 | -                          | 225,000 |  |                    |
| Veteran's Day Parade                                               | 10110101-44741    | \$ | 450     | \$ | 531     | \$ | 424     | \$                         | ,       |  |                    |
| Center for Children & Families Inc.                                | 10110101-44741    | \$ | 120,000 | \$ | 120,000 | \$ | 120,000 | \$                         | 120,000 |  |                    |
| ** Firehouse Art Center                                            | 10770281-44741    | \$ | 60,000  | \$ | 60,000  | \$ | 60,000  | \$                         | 60,000  |  |                    |
| ** Historical Museum                                               | 10770182-44741    | \$ | 35,000  | \$ | 35,000  | \$ | 30,870  | \$                         | 41,500  |  |                    |
| ** Sooner Theatre                                                  | 10770183-44741    | \$ | 65,274  | \$ | 65,274  | \$ | 65,274  | \$                         | 65,274  |  |                    |
| Aging Services Inc Kiwanis Kruiser                                 | 10110101-43801/02 | \$ | 14,500  | \$ | 14,500  | \$ | 1,728   | \$                         | 14,500  |  |                    |
| ** Performing Arts Studio (Depot)- Hostess & custodial svcs.       | 10110101-44741    | \$ | 5,000   | \$ | 5,600   | \$ | -       | \$                         | 5,600   |  |                    |
| Norman Economic Development Council, Inc.                          | 10110101-44765    | \$ | 125,000 | \$ | 125,000 | \$ | 93,750  | \$                         | 125,000 |  |                    |
|                                                                    |                   | \$ | 600,224 | \$ | 675,905 | \$ | 494,663 | \$                         | 657,404 |  |                    |
|                                                                    |                   |    |         |    |         |    |         |                            |         |  |                    |
| **                                                                 |                   |    |         |    |         |    |         |                            |         |  |                    |
| City owned facility. City pays utilities and maintenance expenses. |                   |    |         |    |         |    |         |                            |         |  |                    |

#### SUMMARY OF MAJOR GENERAL FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                             |              | PROJECTED  | Current Month | COLLECTED  | % Var. From  | Prior      | % Var. From |
|-----------------------------|--------------|------------|---------------|------------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE        | TOTAL BUDGET | TO DATE    | Collections   | TO DATE    | Proj To Date | FY To Date | Prior FYTD  |
| Sales Tax                   | 46,157,708   | 26,583,147 | 4,821,837     | 32,457,254 | 22.10%       | 26,208,437 | 23.84%      |
| Use Tax                     | 9,188,804    | 5,214,233  | 1,092,272     | 6,000,467  | 15.08%       | 5,057,721  | 18.64%      |
| Franchise Taxes/Fees        | 6,743,093    | 3,761,365  | 456,068       | 4,048,364  | 7.63%        | 3,818,903  | 6.01%       |
| Licenses and Permits        | 1,125,425    | 474,133    | 122,769       | 613,643    | 29.42%       | 650,000    | -5.59%      |
| Shared (Other) Taxes        | 2,559,900    | 1,493,275  | 303,475       | 1,912,862  | 28.10%       | 11,104,499 | -82.77%     |
| Fines and Forfeitures       | 1,514,396    | 883,398    | 63,136        | 637,932    | -27.79%      | 857,668    | -25.62%     |
| Investment/Interest Income  | 185,711      | 108,331    | 2,384         | 12,538     | -88.43%      | 38,664     | -67.57%     |
| TOTAL: General Fund (Major) | 67,475,037   | 38,517,881 | 6,861,942     | 45,683,062 | 18.60%       | 47,735,891 | -4.30%      |

#### SUMMARY OF MAJOR CAPITAL PROJECT FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                             |              | PROJECTED | Current Month | COLLECTED | % Var. From  | Prior      | % Var. From |
|-----------------------------|--------------|-----------|---------------|-----------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE        | TOTAL BUDGET | TO DATE   | Collections   | TO DATE   | Proj To Date | FY To Date | Prior FYTD  |
| Sales Tax                   | 13,960,772   | 8,040,288 | 1,467,516     | 9,878,295 | 22.86%       | 7,976,481  | 23.84%      |
| Investment/Interest Income  | 700,000      | 408,333   | 6,560         | 57,026    | -86.03%      | 348,262    | -83.63%     |
|                             |              |           |               |           |              |            |             |
| TOTAL: Capital Fund (Major) | 14,660,772   | 8,448,621 | 1,474,075     | 9,935,320 | 17.60%       | 8,324,743  | 19.35%      |
|                             |              |           |               |           |              |            |             |

#### SUMMARY OF MAJOR NORMAN FORWARD FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                             |              | PROJECTED | Current Month | COLLECTED | % Var. From  | Prior      | % Var. From |
|-----------------------------|--------------|-----------|---------------|-----------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE        | TOTAL BUDGET | TO DATE   | Collections   | TO DATE   | Proj To Date | FY To Date | Prior FYTD  |
| Sales Tax                   | 9,892,637    | 5,697,368 | 1,048,226     | 7,055,925 | 23.85%       | 5,697,486  | 23.84%      |
| Use Tax                     | 1,552,347    | 880,887   | 182,045       | 1,000,078 | 13.53%       | 842,953    | 18.64%      |
| Investment/Interest Income  | 15,000       | 8,750     | 7,817         | 63,606    | 626.93%      | 103,031    | -38.27%     |
| TOTAL: Capital Fund (Major) | 11,459,984   | 6,587,005 | 1,238,088     | 8,119,609 | 23.27%       | 6,643,471  | 22.22%      |

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#### SUMMARY OF MAJOR ROOM TAX FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                            |              | PROJECTED | <b>Current Month</b> | COLLECTED | % Var. From  | Prior      | % Var. From |
|----------------------------|--------------|-----------|----------------------|-----------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE       | TOTAL BUDGET | TO DATE   | Collections          | TO DATE   | Proj To Date | FY To Date | Prior FYTD  |
| Hotel/Motel Room Tax       | 1,312,500    | 765,625   | 98,484               | 959,678   | 25.35%       | 575,824    | 66.66%      |
| Investment/Interest Income | 2,500        | 1,458     | 132                  | 878       | -39.76%      | 266        | 230.13%     |
|                            |              |           |                      |           |              |            |             |
| TOTAL: Room Tax Fund       | 1,315,000    | 767,083   | 98,616               | 960,556   | 25.22%       | 576,090    | 66.74%      |

#### SUMMARY OF MAJOR WESTWOOD FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                              |              | PROJECTED | <b>Current Month</b> | COLLECTED | % Var. From  | Prior      | % Var. From |
|------------------------------|--------------|-----------|----------------------|-----------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE         | TOTAL BUDGET | TO DATE   | Collections          | TO DATE   | Proj To Date | FY To Date | Prior FYTD  |
| Golf Green                   | 676,789      | 363,140   | 23,430               | 330,431   | -9.01%       | 339,984    | -2.81%      |
| Golf Driving Range           | 146,756      | 72,580    | 7,355                | 76,035    | 4.76%        | 88,176     | -13.77%     |
| Golf Carts                   | 383,276      | 210,797   | 12,854               | 187,274   | -11.16%      | 194,607    | -3.77%      |
| Swimming Pool                | 896,459      | 395,323   | (2,585)              | 214,685   | -45.69%      | 107,683    | 99.37%      |
| TOTAL: Westwood Fund (Major) | 2,103,280    | 1,041,840 | 41,055               | 808,424   | -22.40%      | 730,451    | 10.67%      |

#### SUMMARY OF MAJOR WATER FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                             |              | PROJECTED  | <b>Current Month</b> | COLLECTED  | % Var. From  | Prior      | % Var. From |
|-----------------------------|--------------|------------|----------------------|------------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE        | TOTAL BUDGET | TO DATE    | Collections          | TO DATE    | Proj To Date | FY To Date | Prior FYTD  |
| User Fees-Residential       | 17,621,644   | 11,417,750 | 1,221,408            | 11,656,926 | 2.09%        | 11,467,170 | 1.65%       |
| User Fees-Commercial        | 2,904,004    | 1,694,002  | 179,880              | 1,604,939  | -5.26%       | 1,538,193  | 4.34%       |
| User Fees-Industrial        | 387,933      | 226,294    | 18,966               | 264,001    | 16.66%       | 301,341    | -12.39%     |
| User Fees-Institutional     | 1,075,076    | 627,128    | 10,250               | (373,954)  | -159.63%     | 447,622    | -183.54%    |
| Connection Fees             | 670,000      | 390,833    | 57,335               | 416,156    | 6.48%        | 901,008    | -53.81%     |
| Capital Improvement Charges | 1,393,776    | 813,036    | 153,107              | 1,265,391  | 55.64%       | 872,656    | 45.00%      |
| Investment/Interest Income  | 120,000      | 70,000     | 8,753                | 72,227     | 3.18%        | 135,017    | -46.51%     |
| TOTAL: Water Fund (Major)   | 24,172,433   | 15,239,044 | 1,649,698            | 14,905,685 | -2.19%       | 15,663,008 | -4.84%      |

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Item 2.

#### SUMMARY OF MAJOR WATER RECLAMATION FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                                       |              | PROJECTED | <b>Current Month</b> | COLLECTED | % Var. From  | Prior      | % Var. From |
|---------------------------------------|--------------|-----------|----------------------|-----------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE                  | TOTAL BUDGET | TO DATE   | Collections          | TO DATE   | Proj To Date | FY To Date | Prior FYTD  |
| User Fees-Residential                 | 8,388,848    | 4,893,495 | 729,603              | 4,966,864 | 1.50%        | 4,857,448  | 2.25%       |
| User Fees-Commercial                  | 1,462,010    | 852,839   | 109,688              | 930,579   | 9.12%        | 849,923    | 9.49%       |
| User Fees-Industrial                  | 180,418      | 105,244   | 9,492                | 136,778   | 29.96%       | 137,679    | -0.65%      |
| User Fees-Institutional               | 1,095,133    | 638,828   | 5,635                | 117,742   | -81.57%      | 533,762    | -77.94%     |
| Capital Improvement Charges           | 832,483      | 485,615   | 29,968               | 208,884   | -56.99%      | 521,644    | -59.96%     |
| Investment/Interest Income            | 50,000       | 29,167    | 2,449                | 20,339    | -30.27%      | 51,810     | -60.74%     |
| TOTAL: Water Reclamation Fund (Major) | 12,008,892   | 7,005,187 | 886,836              | 6,381,185 |              | 6,952,266  |             |

#### SUMMARY OF MAJOR SEWER MAINTENANCE FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                                       |              | PROJECTED | <b>Current Month</b> | COLLECTED | % Var. From  | Prior      | % Var. From |
|---------------------------------------|--------------|-----------|----------------------|-----------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE                  | TOTAL BUDGET | TO DATE   | Collections          | TO DATE   | Proj To Date | FY To Date | Prior FYTD  |
| Sewer Maintenance Fee                 | 3,062,319    | 1,778,818 | 265,595              | 1,845,044 | 3.72%        | 1,833,413  | 0.63%       |
| TOTAL: Sewer Maintenance Fund (Major) | 3,062,319    | 1,778,818 | 265,595              | 1,845,044 | 3.72%        | 1,833,413  | 0.63%       |

#### SUMMARY OF MAJOR NEW DEVELOPMENT EXCISE FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                                            |              | PROJECTED | <b>Current Month</b> | COLLECTED | % Var. From  | Prior      | % Var. From |
|--------------------------------------------|--------------|-----------|----------------------|-----------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE                       | TOTAL BUDGET | TO DATE   | Collections          | TO DATE   | Proj To Date | FY To Date | Prior FYTD  |
| WW Excise Tax (Residential)                | 1,100,000    | 630,935   | 133,512              | 761,448   | 20.69%       | 1,114,252  | -31.66%     |
| WW Excise Tax (Commercial)                 | 300,000      | 175,000   | 73,735               | 366,209   | 109.26%      | 337,938    | 8.37%       |
| TOTAL: New Development Excise Fund (Major) | 1,400,000    | 805,935   | 207,247              | 1,127,657 | 39.92%       | 1,452,190  |             |

Item 2.

#### SUMMARY OF MAJOR SANITATION FUND REVENUE SOURCES VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                                |              | PROJECTED | <b>Current Month</b> | COLLECTED | % Var. From  | Prior      | % Var. From |
|--------------------------------|--------------|-----------|----------------------|-----------|--------------|------------|-------------|
| MAJOR REVENUE SOURCE           | TOTAL BUDGET | TO DATE   | Collections          | TO DATE   | Proj To Date | FY To Date | Prior FYTD  |
| User Fees-Residential          | 8,174,440    | 4,768,423 | 641,979              | 4,449,969 | -6.68%       | 4,500,053  | -1.11%      |
| User Fees-Commercial           | 3,737,221    | 2,180,046 | 377,954              | 2,505,664 | 14.94%       | 2,090,158  | 19.88%      |
| User Fees-Industrial           | 169,992      | 99,162    | -                    | -         | -100.00%     | 40,621     | -100.00%    |
| User Fees-Institutional        | 494,497      | 288,457   | 10,380               | 165,128   | -42.75%      | 194,899    | -15.28%     |
| User Fees-Transfer Station     | 609,632      | 355,619   | 94,089               | 810,272   | 127.85%      | 638,799    | 26.84%      |
| User Fees - Recycling          | 1,259,502    | 734,710   | 102,099              | 711,582   | -3.15%       | 702,230    | 1.33%       |
| Recycled Material Sales        | 226,335      | 132,029   | 22,680               | 146,665   | 11.09%       | 45,655     | 221.24%     |
| Investment/Interest Income     | 300,000      | 175,000   | 4,203                | 34,822    | -80.10%      | 75,677     | -53.99%     |
| TOTAL: Sanitation Fund (Major) | 14,971,619   | 8,733,444 | 1,253,385            | 8,824,102 | 1.04%        | 8,288,093  | 6.47%       |

#### SUMMARY OF MAJOR FUND EXPENDITURES VS. BUDGET VS. BUDGET, FYE 2022 - AS OF JANUARY 31, 2022

|                        |                   | PROJECTED  | Current Month | EXPENDED   | % Var. From  | Prior      | % Var. From |
|------------------------|-------------------|------------|---------------|------------|--------------|------------|-------------|
| FUND                   | TOTAL BUDGET      | TO DATE *  | Expended      | TO DATE    | Proj To Date | FY To Date | Prior FYTD  |
| General Fund           | 91,740,715        | 53,515,417 | 6,934,127     | 47,675,661 | -10.91%      | 52,684,315 | -9.51%      |
| Capital Fund           | 84,209,414        | 49,122,158 | 4,092,068     | 24,363,219 | -50.40%      | 11,963,699 | 103.64%     |
| Norman Forward Fund    | 74,789,772        | 43,627,367 | 1,836,466     | 9,515,008  | -78.19%      | 9,835,138  | -3.25%      |
| Westwood Fund          | 2,470,275         | 1,440,994  | 103,629       | 1,682,509  | 16.76%       | 1,087,127  | 54.77%      |
| Water Fund             | 60,549,206        | 35,320,370 | 1,925,706     | 12,107,109 | -65.72%      | 13,865,140 | -12.68%     |
| Water Reclamation Fund | 42,440,948        | 24,757,220 | 1,625,623     | 7,183,508  | -70.98%      | 7,194,519  | -0.15%      |
| Sanitation Fund        | 24,324,426        | 14,189,248 | 1,210,615     | 8,659,206  | -38.97%      | 7,903,564  | 9.56%       |
|                        | (Adjusted Budget) |            |               |            |              |            |             |

\* Based on historical collection patterns (where known), or based on proportion of the fiscal year elapsed.

#### SUMMARY OF MAJOR GENERAL FUND EXPENDITURES VS. BUDGET FYE 2022 - AS OF JANUARY 31, 2022

| DEPARTMENT               | <b>TOTAL BUDGET</b><br>(Adjusted Budget) | PROJECTED<br>TO DATE * | EXPENDED<br>TO DATE | % Var. From<br>Proj To Date |
|--------------------------|------------------------------------------|------------------------|---------------------|-----------------------------|
| City Council             |                                          |                        |                     |                             |
| Salaries & Benefits      | 11,627                                   | 6,782                  | 6,163               | -9.13%                      |
| Supplies & Materials     | 15,948                                   | 9,303                  | 2,199               | -76.36%                     |
| Services & Maintenance   | 1,463,718                                | 853,836                | 383,187             | -55.12%                     |
| Internal Services        | 24,779                                   | 14,454                 | 7,033               | -51.34%                     |
| Capital Equipment        | -                                        | -                      | -                   | 0.00%                       |
| Total                    | 1,516,072                                | 884,375                | 398,582             | -54.93%                     |
| City Manager             |                                          |                        |                     |                             |
| Salaries & Benefits      | 1,143,396                                | 666,981                | 479,609             | -28.09%                     |
| Supplies & Materials     | 29,122                                   | 16,988                 | 12,641              | -25.59%                     |
| Services & Maintenance   | 1,935,130                                | 1,128,826              | 226,501             | -79.93%                     |
| Internal Services        | 36,953                                   | 21,556                 | 8,793               | -59.21%                     |
| Capital Equipment        | 98,053                                   | 57,198                 | 16,099              | -71.85%                     |
| Total                    | 3,242,654                                | 1,891,548              | 743,644             | -60.69%                     |
| City Clerk               |                                          |                        |                     |                             |
| Salaries & Benefits      | 513,264                                  | 299,404                | 303,384             | 1.33%                       |
| Supplies & Materials     | 6,212                                    | 3,624                  | 1,578               | -56.45%                     |
| Services & Maintenance   | 708,556                                  | 413,324                | 311,864             | -24.55%                     |
| Internal Services        | 154,000                                  | 89,833                 | 68,551              | -23.69%                     |
| Capital Equipment        | -                                        | -                      | -                   | 0.00%                       |
| Total                    | 1,382,032                                | 806,185                | 685,378             | -14.99%                     |
| Municipal Court          | 1                                        |                        |                     |                             |
| Salaries & Benefits      | 1,117,060                                | 651,618                | 638,691             | -1.98%                      |
| Supplies & Materials     | 14,320                                   | 8,353                  | 1,871               | -77.61%                     |
| Services & Maintenance   | 73,428                                   | 42,833                 | 27,122              | -36.68%                     |
| Internal Services        | 32,306                                   | 18,845                 | 14,802              | -21.45%                     |
| <i>Capital Equipment</i> | 1,800                                    | 1,050                  | -                   | -100.00%                    |
| Total                    | 1,238,914                                | 722,700                | 682,486             | -5.56%                      |
| Legal                    | I                                        |                        |                     |                             |
| Salaries & Benefits      | 984,012                                  | 574,007                | 575,932             | 0.34%                       |
| Supplies & Materials     | 12,004                                   | 7,002                  | 4,415               | -36.94%                     |
| Services & Maintenance   | 274,174                                  | 159,935                | 97,434              | -39.08%                     |
| Internal Services        | 28,968                                   | 16,898                 | 13,911              | -17.68%                     |
| Capital Equipment        | -                                        | -                      | -                   | 0.00%                       |
| Total                    | 1,299,158                                | 757,842                | 691,692             | -8.73%                      |

| DEPARTMENT                     | <b>TOTAL BUDGET</b><br>(Adjusted Budget) | PROJECTED<br>TO DATE * | EXPENDED<br>TO DATE | % Var. From<br>Proj To Date |
|--------------------------------|------------------------------------------|------------------------|---------------------|-----------------------------|
| LT.                            |                                          |                        |                     |                             |
| <i>Salaries &amp; Benefits</i> | 1,603,448                                | 935,345                | 904,909             | -3.25%                      |
| Supplies & Materials           | 53,028                                   | 30,933                 | 19,685              | -36.36%                     |
| Services & Maintenance         | 1,425,234                                | 831,387                | 1,025,284           | 23.32%                      |
| Internal Services              | 17,330                                   | 10,109                 | 8,158               | -19.30%                     |
| Capital Equipment              | 311,210                                  | 181,539                | 112,946             | -37.78%                     |
| Total                          | 3,410,250                                | 1,989,313              | 2,070,983           | 4.11%                       |
| Finance                        |                                          |                        |                     |                             |
| Salaries & Benefits            | 2,437,401                                | 1,421,817              | 1,443,984           | 1.56%                       |
| Supplies & Materials           | 71,608                                   | 41,771                 | 26,700              | -36.08%                     |
| Services & Maintenance         | 1,016,213                                | 592,791                | 515,008             | -13.12%                     |
| Internal Services              | 253,312                                  | 147,765                | 114,931             | -22.22%                     |
| Capital Equipment              | 43,363                                   | 25,295                 | 21,429              | -15.28%                     |
| Total                          | 3,821,897                                | 2,229,440              | 2,122,052           | -4.82%                      |
| Human Resources                |                                          |                        |                     |                             |
| Salaries & Benefits            | 662,036                                  | 386,188                | 407,674             | 5.56%                       |
| Supplies & Materials           | 30,387                                   | 17,726                 | 13,097              | -26.11%                     |
| Services & Maintenance         | 330,927                                  | 193,041                | 94,966              | -50.81%                     |
| Internal Services              | 53,604                                   | 31,269                 | 22,436              | -28.25%                     |
| Capital Equipment              | 3,625                                    | 2,115                  | 2,355               | 11.39%                      |
| Total                          | 1,080,579                                | 630,338                | 540,529             | -14.25%                     |
| Planning                       |                                          |                        |                     |                             |
| <i>Salaries &amp; Benefits</i> | 3,395,378                                | 1,980,637              | 1,863,590           | -5.91%                      |
| Supplies & Materials           | 50,374                                   | 29,385                 | 20,459              | -30.38%                     |
| Services & Maintenance         | 326,627                                  | 190,532                | 188,606             | -1.01%                      |
| Internal Services              | 151,558                                  | 88,409                 | 77,286              | -12.58%                     |
| Capital Equipment              | 16,173                                   | 9,434                  | 8,341               | -11.59%                     |
| Total                          | 3,940,110                                | 2,298,398              | 2,158,282           | -6.10%                      |
|                                |                                          |                        |                     |                             |
| Public Works                   |                                          |                        |                     |                             |
| Salaries & Benefits            | 9,063,028                                | 5,286,766              | 4,990,419           | -5.61%                      |
| Supplies & Materials           | 4,536,240                                | 2,646,140              | 1,931,059           | -27.02%                     |
| Services & Maintenance         | 3,372,931                                | 1,967,543              | 1,450,450           | -26.28%                     |
| Internal Services              | 854,640                                  | 498,540                | 429,401             | -13.87%                     |
| <i>Capital Equipment</i>       | 2,076,430                                | 1,211,251              | 755,559             | -37.62%                     |
| Total                          | 19,903,269                               | 11,610,240             | 9,556,887           | -17.69%                     |

| DEPARTMENT             | <b>TOTAL BUDGET</b><br>(Adjusted Budget) | PROJECTED<br>TO DATE * | EXPENDED<br>TO DATE | % Var. From<br>Proj To Date |
|------------------------|------------------------------------------|------------------------|---------------------|-----------------------------|
| Police                 |                                          |                        |                     |                             |
| Salaries & Benefits    | 19,464,797                               | 11,354,465             | 11,326,841          | -0.24%                      |
| Supplies & Materials   | 1,013,664                                | 591,304                | 354,422             | -40.06%                     |
| Services & Maintenance | 1,573,327                                | 917,774                | 652,812             | -28.87%                     |
| Internal Services      | 914,643                                  | 533,542                | 427,426             | -19.89%                     |
| Capital Equipment      | 1,368,576                                | 798,336                | 372,402             | -53.35%                     |
| Total                  | 24,335,007                               | 14,195,421             | 13,133,903          | -7.48%                      |
| Fire                   |                                          |                        |                     |                             |
| Salaries & Benefits    | 15,330,905                               | 8,943,028              | 9,006,594           | 0.71%                       |
| Supplies & Materials   | 394,228                                  | 229,966                | 156,560             | -31.92%                     |
| Services & Maintenance | 476,559                                  | 277,993                | 246,311             | -11.40%                     |
| Internal Services      | 549,902                                  | 320,776                | 289,363             | -9.79%                      |
| Capital Equipment      | 286,346                                  | 167,035                | 95,550              | -42.80%                     |
| Total                  | 17,037,940                               | 9,938,798              | 9,794,377           | -1.45%                      |
| Parks & Recreation**   |                                          |                        |                     |                             |
| Salaries & Benefits    | 4,646,155                                | 2,710,257              | 2,649,308           | -2.25%                      |
| Supplies & Materials   | 603,346                                  | 351,952                | 292,091             | -17.01%                     |
| Services & Maintenance | 1,457,106                                | 849,979                | 842,750             | -0.85%                      |
| Internal Services      | 371,806                                  | 216,887                | 182,280             | -15.96%                     |
| Capital Equipment      | 643,473                                  | 375,359                | 74,052              | -80.27%                     |
| Total                  | 7,721,886                                | 4,504,434              | 4,040,481           | -10.30%                     |
| General Fund           |                                          |                        |                     |                             |
| Salaries & Benefits    | 60,372,507                               | 35,217,296             | 34,597,098          | -1.76%                      |
| Supplies & Materials   | 6,830,481                                | 3,984,447              | 2,836,777           | -28.80%                     |
| Services & Maintenance | 14,433,930                               | 8,419,793              | 6,062,296           | -28.00%                     |
| Internal Services      | 3,443,801                                | 2,008,884              | 1,664,372           | -17.15%                     |
| Interfund Transfers    | 1,810,947                                | 1,056,386              | 1,056,386           | 0.00%                       |
| Capital Equipment      | 4,849,049                                | 2,828,612              | 1,458,732           | -48.43%                     |
| Total                  | 91,740,715                               | 53,515,417             | 47,675,660          | -10.91%                     |

\* Based on proportion of the fiscal year elapsed. \*\* Includes Sooner Theatre, Santa Fe Depot, Firehouse Art Center & Historical Museum

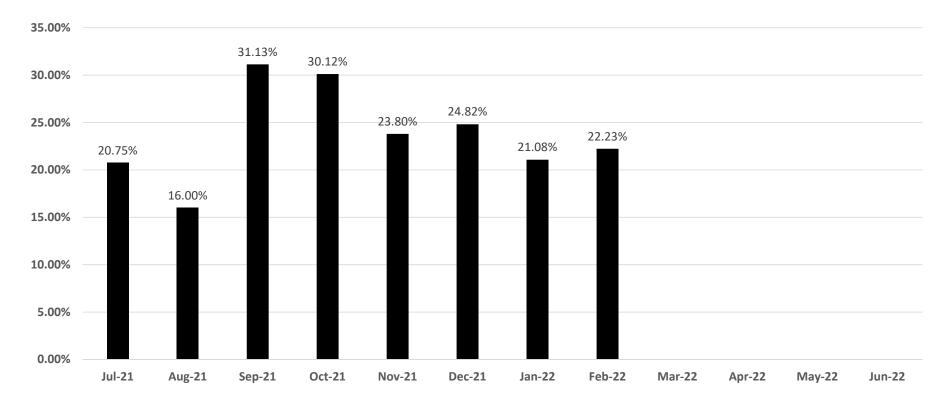
Expenses do not include encumbrances

#### GENERAL FUND: As of January 31, 2022

| AS of January 31, 2022               | Original<br>Budget -<br>Annual | Adjusted<br>budget -<br>Annual | YTD Actual - 7<br>Month | Unencumb<br>Balance |
|--------------------------------------|--------------------------------|--------------------------------|-------------------------|---------------------|
| Beginning Fund Balance               | 2,502,276                      | 4,291,093                      | \$ 4,291,093            |                     |
| REVENUES:                            |                                |                                |                         |                     |
| Revenue                              | 82,638,642                     | 82,638,642                     | 51,625,899              |                     |
| Transfers In                         | 6,050,665                      | 9,258,876                      | 3,577,000               |                     |
| Total Revenue                        | 88,689,307                     | 91,897,518                     | 55,202,899              |                     |
| EXPENDITURES:                        |                                |                                |                         |                     |
| Salary / Benefits                    | 60,350,685                     | 60,372,507                     | 34,597,098              | 25,775,409          |
| Supplies / Materials                 | 5,951,091                      | 6,830,480                      | 2,836,777               | 3,168,236           |
| Services / Maintenance               | 12,831,712                     | 14,433,931                     | 6,062,296               | 6,626,903           |
| Internal Services                    | 3,443,801                      | 3,443,801                      | 1,664,372               | 1,779,429           |
| Capital Equipment                    | 3,769,409                      | 4,849,049                      | 1,458,732               | 1,030,749           |
| Transfers Out                        | 1,810,947                      | 1,810,947                      | 1,056,386               | 754,561             |
| Employee Turnover Savings            | (800,000)                      | (800,000)                      |                         |                     |
| Supplies/Materials/Svs/Maint Savings | -                              | -                              |                         |                     |
| Total Expenditures                   | 87,357,645                     | 90,940,715                     | 47,675,661              | 39,135,287          |
| Net Difference                       | 1,331,662                      | 956,803                        | 7,527,238               |                     |
| Ending Fund Balance                  | \$ 3,833,938                   | \$ 5,247,896                   | \$ 11,818,331           |                     |

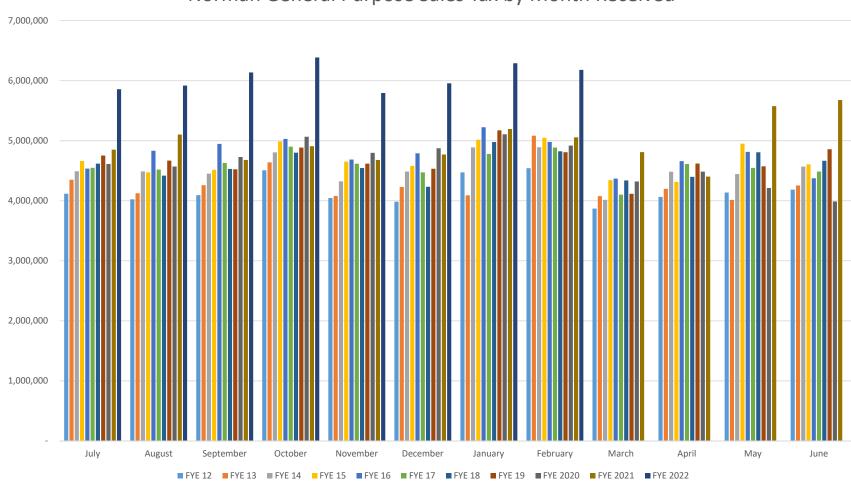
Page 1

## Norman Sales Tax % Change from Prior Year, Fiscal Year Ending 2022



## Norman Unrestricted Sales Tax, FYE 2019-2022





### Norman General Purpose Sales Tax by Month Received

Item 2.

| Cit          | y Comparison for Sales Tax coll | ections - July 2021   | City         | City Comparison for Sales Tax collections - January 2022 |                       |  |  |
|--------------|---------------------------------|-----------------------|--------------|----------------------------------------------------------|-----------------------|--|--|
| Clty         | Change from July 2020           | Year-to-date % Change | City         | Change from Jan 2021                                     | Year-to-date % Change |  |  |
| Norman       | 20.75%                          | 20.75%                | Norman       | 21.08%                                                   | 23.84%                |  |  |
| ОКС          | 20.59%                          | 20.59%                | ОКС          | 21.83%                                                   | 18.56%                |  |  |
| Moore        | 8.30%                           | 8.30%                 | Moore        | 24.39%                                                   | 17.61%                |  |  |
| Edmond       | 8.73%                           | 8.73%                 | Edmond       | 9.33%                                                    | 8.27%                 |  |  |
| Midwest City | 0.07%                           | 0.07%                 | Midwest City | 7.67%                                                    | 4.77%                 |  |  |
| Tulsa        | 16.19%                          | 16.19%                | Tulsa        | 19.02%                                                   | 15.15%                |  |  |
| Lawton       | 6.20%                           | 6.20%                 | Lawton       | 11.17%                                                   | 10.20%                |  |  |
| State of OK  | 12.13%                          | 12.13%                | State of OK  | 20.38%                                                   | 16.03%                |  |  |

| City         | Comparison for Sales Tax colle | ctions - August 2021  | City C       | City Comparison for Sales Tax collections - February 2022 |                       |  |
|--------------|--------------------------------|-----------------------|--------------|-----------------------------------------------------------|-----------------------|--|
| Clty         | Change from Aug 2020           | Year-to-date % Change | Clty         | Change from Feb 2021                                      | Year-to-date % Change |  |
| Norman       | 16.00%                         | 18.31%                | Norman       | 22.23%                                                    | 23.63%                |  |
| ОКС          | 14.01%                         | 17.18%                | ОКС          | 23.14%                                                    | 19.15%                |  |
| Moore        | 10.02%                         | 9.16%                 | Moore        | 27.48%                                                    | 18.87%                |  |
| Edmond       | 3.87%                          | 6.27%                 | Edmond       | 16.67%                                                    | 9.31%                 |  |
| Midwest City | -2.42%                         | -1.20%                | Midwest City | 14.89%                                                    | 6.06%                 |  |
| Tulsa        | 12.96%                         | 14.53%                | Tulsa        | 19.40%                                                    | 15.69%                |  |
| Lawton       | 5.22%                          | 5.70%                 | Lawton       | 14.87%                                                    | 10.80%                |  |
| State of OK  | 10.88%                         | 11.49%                | State of OK  | n/a                                                       | n/a                   |  |

| City Co      | omparison for Sales Tax collect | ions - September 2021 | City Comparison for Sales Tax collections - March 2022 |                      |                       |  |
|--------------|---------------------------------|-----------------------|--------------------------------------------------------|----------------------|-----------------------|--|
| Clty         | Change from Sep 2020            | Year-to-date % Change | City                                                   | Change from Mar 2021 | Year-to-date % Change |  |
| Norman       | 31.13%                          | 22.41%                | Norman                                                 |                      |                       |  |
| ОКС          | 16.55%                          | 16.96%                | ОКС                                                    |                      |                       |  |
| Moore        | 15.66%                          | 11.29%                | Moore                                                  |                      |                       |  |
| Edmond       | 9.93%                           | 7.46%                 | Edmond                                                 |                      |                       |  |
| Midwest City | 2.83%                           | 0.11%                 | Midwest City                                           |                      |                       |  |
| Tulsa        | 15.33%                          | 14.80%                | Tulsa                                                  |                      |                       |  |
| Lawton       | 8.63%                           | 6.66%                 | Lawton                                                 |                      |                       |  |
| State of OK  | 17.64%                          | 13.49%                | State of OK                                            |                      |                       |  |

| City C       | Comparison for Sales Tax colle | ctions - October 2021 | Cit          | City Comparison for Sales Tax collections - April 2022 |                       |  |
|--------------|--------------------------------|-----------------------|--------------|--------------------------------------------------------|-----------------------|--|
| City         | Change from Oct 2020           | Year-to-date % Change | City         | Change from Apr 2021                                   | Year-to-date % Change |  |
| Norman       | 30.12%                         | 24.35%                | Norman       |                                                        |                       |  |
| ОКС          | 17.33%                         | 17.06%                | OKC          |                                                        |                       |  |
| Moore        | 24.63%                         | 14.46%                | Moore        |                                                        |                       |  |
| Edmond       | 7.81%                          | 7.55%                 | Edmond       |                                                        |                       |  |
| Midwest City | 7.06%                          | 1.76%                 | Midwest City |                                                        |                       |  |
| Tulsa        | 10.98%                         | 13.83%                | Tulsa        |                                                        |                       |  |
| Lawton       | 14.83%                         | 8.59%                 | Lawton       |                                                        |                       |  |
| State of OK  | 17.57%                         | 14.47%                | State of OK  |                                                        |                       |  |

| City Co      | omparison for Sales Tax collect | ions - November 2021  | Cit          | City Comparison for Sales Tax collections - May 2022 |                      |  |
|--------------|---------------------------------|-----------------------|--------------|------------------------------------------------------|----------------------|--|
| City         | Change from Nov 2020            | Year-to-date % Change | City         | Change from May 2021                                 | Year-to-date % Chang |  |
| Norman       | 23.80%                          | 24.24%                | Norman       |                                                      |                      |  |
| ОКС          | 20.11%                          | 17.65%                | ОКС          |                                                      |                      |  |
| Moore        | 15.12%                          | 14.59%                | Moore        |                                                      |                      |  |
| Edmond       | 6.60%                           | 7.36%                 | Edmond       |                                                      |                      |  |
| Midwest City | 8.28%                           | 2.96%                 | Midwest City |                                                      |                      |  |
| Tulsa        | 13.28%                          | 13.72%                | Tulsa        |                                                      |                      |  |
| Lawton       | 9.09%                           | 8.69%                 | Lawton       |                                                      |                      |  |
| State of OK  | 14.75%                          | 14.52%                | State of OK  |                                                      |                      |  |

| City Co      | omparison for Sales Tax collect | ions - December 2021  | Cit          | City Comparison for Sales Tax collections - June 2022 |                      |  |
|--------------|---------------------------------|-----------------------|--------------|-------------------------------------------------------|----------------------|--|
| City         | Change from Dec 2020            | Year-to-date % Change | City         | Change from June 2021                                 | Year-to-date % Chang |  |
| Norman       | 24.82%                          | 24.34%                | Norman       |                                                       |                      |  |
| ОКС          | 19.71%                          | 17.99%                | ОКС          |                                                       |                      |  |
| Moore        | 26.18%                          | 16.44%                | Moore        |                                                       |                      |  |
| Edmond       | 11.80%                          | 8.09%                 | Edmond       |                                                       |                      |  |
| Midwest City | 11.46%                          | 4.28%                 | Midwest City |                                                       |                      |  |
| Tulsa        | 18.42%                          | 14.48%                | Tulsa        |                                                       |                      |  |
| Lawton       | 17.20%                          | 10.04%                | Lawton       |                                                       |                      |  |
| State of OK  | 19.28%                          | 15.30%                | State of OK  |                                                       |                      |  |

| Fund                                                                                                                                                                                                                            | Gaining Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount                                                                                                                                                                            | Agenda Date                                                                                                                                                               | Item No.                                                                                                | Project No.      | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| General Fund                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                              |
| 10-29000                                                                                                                                                                                                                        | 10660310-43702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 500.00                                                                                                                                                                            | 7/27/2021                                                                                                                                                                 | 19                                                                                                      |                  | donation to PD on 11-10-20 from J.M. Williams Rev Trust to be used to purchase awards for PD employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 10-29000                                                                                                                                                                                                                        | 10660270-43115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1,755.00                                                                                                                                                                          | 7/27/2021                                                                                                                                                                 | 19                                                                                                      |                  | donation to PD on 3-23-21 from Citizens & Memorials to be used for care of animals at Animal Welfare Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 106-363376                                                                                                                                                                                                                      | 10660322-43136                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1,600.00                                                                                                                                                                          | 9/14/2021                                                                                                                                                                 | 11                                                                                                      |                  | donation from Armstrong Bank to PD donations acct for expenses incurred for National Night Out Event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 106-363376                                                                                                                                                                                                                      | 10664143-43122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9,985.00                                                                                                                                                                          | 8/24/2021                                                                                                                                                                 | 8                                                                                                       |                  | donation to NFD to purchase air bags & chemical monitors for fire stations 5 & 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 106-363376                                                                                                                                                                                                                      | 10664143-45114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 45,965.21                                                                                                                                                                         | 8/24/2021                                                                                                                                                                 | 9                                                                                                       |                  | donation to NFD to purchase one Zoll X series cardiac monitor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 106-363376                                                                                                                                                                                                                      | 10660115-44604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 500.00                                                                                                                                                                            | 1/18/2022                                                                                                                                                                 | 15                                                                                                      |                  | donation from J.M. Williams Rev Trust to NPD to be used for training for NPD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Community Deve<br>21-29000                                                                                                                                                                                                      | 21240290-44003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12.412.00                                                                                                                                                                         | 9/14/2021                                                                                                                                                                 | 19                                                                                                      |                  | Continuum of Care Planning grant from Dept of Housing & Urban Dev for coordination of activities related to homelessness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 21-29000                                                                                                                                                                                                                        | 21240230-44003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 110,295.00                                                                                                                                                                        | 9/28/2021                                                                                                                                                                 | 19                                                                                                      |                  | Emergency Solutions Grant Corona Relief (ESG CR2) for operation of CON emergency shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 21-29000                                                                                                                                                                                                                        | 21240021-42003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | Emergency Solutions Grant Corona Relief (ESG CR2) for operation of CON emergency shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 21-29000                                                                                                                                                                                                                        | 21240021-42301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | Emergency Solutions Grant Corona Relief (ESG CR2) for operation of CON emergency shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 21-29000                                                                                                                                                                                                                        | 21240021-43199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | Emergency Solutions Grant Corona Relief (ESG CR2) for operation of CON emergency shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 21-29000                                                                                                                                                                                                                        | 21240021-44110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | Emergency Solutions Grant Corona Relief (ESG CR2) for operation of CON emergency shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 21-29000                                                                                                                                                                                                                        | 21240021-44226                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 21-29000                                                                                                                                                                                                                        | 21240021-44226                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | Emergency Solutions Grant Corona Relief (ESG CR2) for operation of CON emergency shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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  |                  | Emergency Solutions Grant Corona Relief (ESG CR2) for operation of CON emergency shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 21-29000                                                                                                                                                                                                                        | 21240021-44503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | Emergency Solutions Grant Corona Relief (ESG CR2) for operation of CON emergency shelter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 21-29000                                                                                                                                                                                                                        | 21240303-42001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | 5% of total award of \$1,560,908 HOME ARP funding to be utilized for planning & administration purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Special Grants Fu                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 22-11017                                                                                                                                                                                                                        | 22695523-46101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | BG0083           | ARPA grant funds for the construction of the Emergency Operations Center (EOC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 22-29000                                                                                                                                                                                                                        | 22440146-44009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | CLG grant for development & support of local historic programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 22-29000                                                                                                                                                                                                                        | 22440146-44604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | CLG grant for development & support of local historic programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 22-29000                                                                                                                                                                                                                        | 22440146-44701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | CLG grant for development & support of local historic programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 22-29000                                                                                                                                                                                                                        | 22440146-44821                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | CLG grant for development & support of local historic programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 22-29000                                                                                                                                                                                                                        | 22440146-43001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | CLG grant for development & support of local historic programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 22-29000                                                                                                                                                                                                                        | 22440146-44601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | CLG grant for development & support of local historic programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 22-29000                                                                                                                                                                                                                        | 22660117-44754                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2,623.00                                                                                                                                                                          | 8/10/2021                                                                                                                                                                 | 18                                                                                                      | GP0034           | JAG grant pass thru to Clev. Co. Sheriff's office to update several in-car computers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 22-29000                                                                                                                                                                                                                        | 22660017-45999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0034           | JAG grant to purchase new 3-D crime scene scanner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 22-11017                                                                                                                                                                                                                        | 22730241-44741                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | ARPA grant funds to be used for the Norman Arts Council's programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 22-11017                                                                                                                                                                                                                        | 22110303-44730                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | ARPA grant funds to be used to incentivize Covid 19 vaccinations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 22-29000                                                                                                                                                                                                                        | 22660119-42110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0126           | OHSO grant for NPD to conduct high-visibility enforcement, saturation patrols, etc. for traffic safety and to purchase lidars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 22-29000                                                                                                                                                                                                                        | 22660119-42901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0126           | OHSO grant for NPD to conduct high-visibility enforcement, saturation patrols, etc. for traffic safety and to purchase lidars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 22-29000                                                                                                                                                                                                                        | 22660119-45999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0126           | OHSO grant for NPD to conduct high-visibility enforcement, saturation patrols, etc. for traffic safety and to purchase lidars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 22-29000                                                                                                                                                                                                                        | 22660645-45999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0044           | OKOHS grant to be used to purchase night vision devices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 22-29000                                                                                                                                                                                                                        | 22660117-43015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0035           | DOJ/BJA grant thru JAG for NPD for community engagement events & updating forensic services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 22-29000                                                                                                                                                                                                                        | 22660117-43106                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0035           | DOJ/BJA grant thru JAG for NPD for community engagement events & updating forensic services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 22-29000                                                                                                                                                                                                                        | 22660117-43699                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0035           | DOJ/BJA grant thru JAG for NPD for community engagement events & updating forensic services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 22-29000                                                                                                                                                                                                                        | 22660117-44099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0035           | DOJ/BJA grant thru JAG for NPD for community engagement events & updating forensic services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 22-29000                                                                                                                                                                                                                        | 22660117-44604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0035           | DOJ/BJA grant thru JAG for NPD for community engagement events & updating forensic services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 22-29000                                                                                                                                                                                                                        | 22660117-44754                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  | GP0035           | DOJ/BJA grant thru JAG for NPD for community engagement events & updating forensic services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Seizures & Restit                                                                                                                                                                                                               | ution Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 25-29000                                                                                                                                                                                                                        | 25660138-45116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | to purchase the fourth year warranty of the Axon Technology Assurance plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|                                                                                                                                                                                                                                 | ation & Parking Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 275-331380                                                                                                                                                                                                                      | 27550277-44766                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | FTA funds to be used for establishing, expanding, improving & maintaining the CON Public Mass Transit services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Westwood Park F                                                                                                                                                                                                                 | und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 297-345611                                                                                                                                                                                                                      | 29770035-43609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | incentive payment from Pepsi for the exclusive sale of Pepsi products at the WW golf course & aquatic center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Sanitation Fund                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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  | SA0012           | to purchase storage containers from A&A Sheet Metal for the HHW facility at the Transfer Station                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                                                                                                                                                                                                                 | 33999975-46101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 33-29000                                                                                                                                                                                                                        | 33999975-46101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Risk Managemen                                                                                                                                                                                                                  | t Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Risk Managemen<br>43-29000                                                                                                                                                                                                      | t Fund<br>10550223-43212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Risk Managemen<br>43-29000<br>43-29000                                                                                                                                                                                          | t Fund<br>10550223-43212<br>10550223-43213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <b>Risk Managemen</b><br>43-29000<br>43-29000<br>43-29000                                                                                                                                                                       | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <b>Risk Managemen</b><br>43-29000<br>43-29000<br>43-29000<br>43-29000<br>439-365264                                                                                                                                             | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264                                                                                                                                                  | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264                                                                                                                                    | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43213<br>10550223-43212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment                                                                                                                                                                                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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264                                                                                                                                                  | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264                                                                                                                      | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43212<br>10550223-43212<br>10550223-43213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair 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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Bala<br>50-29000                                                                                     | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43212<br>10550223-43212<br>10550223-43213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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  | TC0273           | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>for Citywide Sidewalk & Curb reconstruction program                                                                                                                         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| Risk Managemen<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br><b>Capital Fund Bal</b><br>50-29000<br>50-29000                                                                 | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43212<br>10550223-43213<br>10550223-43213<br>ance<br>50590052-46101<br>50593388-46201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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  | TC0273<br>BG0165 | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>for Citywide Sidewalk & Curb reconstruction program<br>addt'l funds from fund balance for North Base Feasibility Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Bala<br>50-29000                                                                                     | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43213<br>10550223-43213<br>10550223-43213<br>ance<br>50590052-46101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>for Citywide Sidewalk & Curb reconstruction program                                                                                                                         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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>43-365264<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Bala<br>50-29000<br>50-29000                                                            | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43212<br>10550223-43213<br>10550223-43213<br>ance<br>50590052-46101<br>50593388-46201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair 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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Bala<br>50-29000<br>50-29000<br>50-29000                                               | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43213<br>10550223-43213<br>ance<br>50590052-46101<br>50593388-46201<br>21240002-44716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair 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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Balé<br>50-29000<br>50-29000<br>50-29000<br>50-29000                                                 | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43213<br>10550223-43213<br>10550223-43213<br>ance<br>50593052-46101<br>50593052-46101<br>50593052-46101<br>21240002-44715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,438.51<br>863.49<br>141,000.00<br>25,108.49<br>1,169.69<br>16,749.96<br>1,115.53<br>4,653.24<br>19,600.00<br>810,900.00<br>318,000.00                                           | 7/27/2021<br>7/27/2021<br>11/30/2021<br>12/14/2021<br>12/14/2021<br>12/14/2021<br>12/14/2021<br>7/27/2021<br>9/14/2021<br>9/14/2021                                       | 14<br>14<br>9<br>28<br>28<br>29<br>29<br>29<br>16<br>18<br>20<br>20                                     |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to over premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>addt! funds from fund balance for North Base Feasibility Study<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept |
| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Balt<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000                                     | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-4403<br>10550223-43212<br>10550223-43213<br>10550223-43213<br>10550223-43213<br>ance<br>50590052-46101<br>5059388-46201<br>21240002-44715<br>21240002-44716<br>21240002-44716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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  |                  | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>for Citywide Sidewalk & Curb reconstruction program<br>addt <sup>1</sup> funds from fund balance for North Base Feasibility Study<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-rent<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000                                | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43213<br>10550223-43213<br>10550223-43213<br>ance<br>50590052-46101<br>50593388-46201<br>21240002-447715<br>21240002-447716<br>21240002-44771<br>21240002-44771<br>21240002-44771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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  | BG0165           | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair 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| Risk Managemen<br>43-29000<br>43-29000<br>432-3000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Balé<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000             | t 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| Risk Managemen<br>43-29000<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Balt<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000<br>50-29000 | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43212<br>10550223-43213<br>10550223-43213<br>ance<br>50590052-46101<br>50593388-46201<br>21240002-447715<br>21240002-447716<br>21240002-44771<br>21240002-44771<br>21240002-44771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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14<br>14<br>9<br>28<br>29<br>29<br>29<br>29<br>16<br>18<br>20<br>20<br>20<br>20<br>20<br>22<br>14<br>32 | BG0165           | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from fund balance for North Base Feasibility Study<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-rent<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-food<br>CDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-salary<br>addt'l funds to be allocated to Inhoff Rd Emergency Bridge Repair Project<br>to provide a public transportation on-board surveillance system for CON pub transp fleet<br>to purchase five 3500 DOBee Promaster vans for public transportation fleet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Risk Managemen<br>43-29000<br>43-29000<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>439-365264<br>Capital Fund Bala<br>50-29000<br>50-29000<br>50-29000                                                           | t Fund<br>10550223-43212<br>10550223-43213<br>43330104-44403<br>10550223-43212<br>10550223-43212<br>10550223-43213<br>ance<br>50590052-46101<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21240002-44716<br>21250276-45301<br>27550276-45301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2,438.51<br>863.49<br>141,000.00<br>25,108.49<br>1,169.69<br>16,749.96<br>1,115.53<br>4,653.24<br>19,600.00<br>810,900.00<br>318,000.00<br>69,600.00<br>69,600.00<br>382,699.00   | 7/27/2021<br>7/27/2021<br>11/30/2021<br>12/14/2021<br>12/14/2021<br>12/14/2021<br>9/14/2021<br>9/14/2021<br>9/14/2021<br>9/14/2021<br>9/14/2021<br>9/14/2021<br>9/14/2021 | 14<br>14<br>9<br>28<br>29<br>29<br>29<br>16<br>18<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>21       | BG0165<br>TC0281 | reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>to cover premium cost of insuring CON's buildings and contents with Affiliated FM<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accident to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accident to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accident to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accident to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accident to repair damaged traffic signal equipment<br>reimbursements from insurance companies due to accidents to provide COVID financial assistance-fold<br>cDBG-CV2 funds distributed by Ok Dept of Commerce to provide COVID financial assistance-fold care<br>redistributed by compared traffic damaged regair Project<br>to provide a public transportation on-board surveillance system for CON pub transp fleet         |

#### CITY OF NORMAN Position Vacancy Report 2/9/2022

|                                                           | POSITIONS                                                  | AUTHORIZED TO FILL                         |                                      |
|-----------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|--------------------------------------|
| Position                                                  | Department/Division                                        | Date of Vacancy                            | Status                               |
| General Fund:                                             |                                                            |                                            |                                      |
| Meter Reader                                              | Finance/Utilities                                          | 01/03/22                                   | Conducting Selection Process         |
| Engineering Assistant                                     | Public Works/Engineering                                   | 01/14/21                                   | Accepting Applications               |
| Mechanic I                                                | Public Works/Fleet                                         | 11/02/21                                   | Accepting Applications               |
| Public Works Supervisor                                   | Public Works/Transit                                       | 01/01/22                                   | Conducting Selection Process         |
| Police Records Clerk                                      | Police/Staff Svs.                                          | 12/17/21                                   | Conducting Selection Process         |
| Parking Service Officer                                   | Police/Patrol                                              | 12/14/21                                   | Accepting Applications               |
| Police Officer (4)                                        | Police/Patrol                                              | (2) 8/19/21, 12/22/21, 2/28/22             | Pending Job Announcement             |
| Communications Officer I/II (2)                           | Police/Emergency Comm                                      | 11/19/21, 12/31/21                         | Accepting Applications               |
| Shelter Veterinarian                                      | Police/Animal Welfare                                      | 11/19/21                                   | Accepting Applications               |
| Animal Welfare Shelter Supervisor                         | Police/Animal Welfare                                      | 10/26/21                                   | Conducting Selection Process         |
| Administrative Technician II (PPT)                        | Fire/Admin                                                 | 07/01/21                                   | Accepting Applications               |
| Firefighter Recruit (5)                                   | Fire/Suppression                                           | 6/29/21, 6/30/21, 8/2/21, 8/30/21, 1/14/22 | Accepting Applications               |
| Urban Forester                                            | Parks/Admin                                                | 10/28/21                                   | Accepting Applications               |
| Total: 21                                                 | ÷                                                          | ÷                                          |                                      |
|                                                           |                                                            |                                            |                                      |
| Enterprise Fund:                                          |                                                            |                                            |                                      |
| Plant Operator                                            | Utilities/Water Line Maintenance                           | 01/14/22                                   | Accepting Applications               |
| Administrative Technician III                             | Utilities/Water Line Maint                                 | 02/03/22                                   | Accepting Applications               |
| Heavy Equipment Operator                                  | Utilities/Water Line Main                                  | 01/28/22                                   | Accepting Applications               |
| Utility Collection Worker I                               | Utilities/Sewer Line Maint.                                | 01/03/22                                   | Accepting Applications               |
| Sanitation Worker I (2)                                   | Utilties/Sanitation                                        | 9/3/21, 11/29/21                           | Accepting Applications               |
| Total: 6                                                  | o titloo, oa matori                                        |                                            | / teophing / ppiloatione             |
|                                                           | POSITIONS                                                  | CURRENTLY ON HOLD                          |                                      |
| Position                                                  | Department/Division                                        | Date of Vacancy                            | Status                               |
| General Fund:                                             | Department/Division                                        |                                            | otatas                               |
| Internal Auditor                                          | City Manager                                               | 07/01/20                                   | Pending Council Action               |
| Internal Auditor Technician                               | City Manager                                               | 07/01/20                                   | Pending Council Action               |
| Outreach Housing Liaison                                  | Planning                                                   | 01/27/22                                   | Pending Request                      |
| Continuum of Care Program Tech                            | Planning                                                   | 01/21/22                                   | Pending Request                      |
| Continuum of Care Program Supv.                           | Planning                                                   | 02/17/22                                   | Pending Request                      |
| Code Compliance Inspector                                 | Planning                                                   | 02/24/22                                   | Pending Request                      |
| Maintenance Worker I (2)                                  | Public Works/Streets                                       | 02/28/22                                   | Pending Approval                     |
| Fleet Service Tech                                        | Public Works/Streets                                       | 01/28/22                                   | Pending Approval                     |
| Communications Supv.                                      | Police/Emergency Comm.                                     | 01/27/22                                   | Pending Approval                     |
| Fire Inspector (2)                                        | Fire/Training                                              | 3/16/2021, 1/4/22                          | Pending Request                      |
| Maintenance Worker I                                      | Parks/Park Maint.                                          | 02/03/22                                   | Pending Approval                     |
| Park Planner                                              | Parks/Park Maint.                                          | 01/18/22                                   | Pending Request                      |
|                                                           | Parks/Admin                                                | 01/18/22                                   | Pending Request                      |
| Total: 14                                                 |                                                            |                                            |                                      |
| Enternaise Fund                                           |                                                            |                                            |                                      |
| Enterprise Fund:                                          | Litilities (A) atom Treatment                              | 01/01/10                                   | Dending Deguast                      |
| Cross Connection Program Coord.<br>Water Lab Intern (PPT) | Utilities/Water Treatment<br>Utilities/Water Treatment     | 01/01/19<br>03/05/19                       | Pending Request                      |
| Custodian (PPT)                                           |                                                            | 01/24/22                                   | Pending Request                      |
| Utility Collection Worker II                              | Utilities/Water Reclamation<br>Utilities/Sewer Line Maint. | 01/24/22<br>02/01/22                       | Pending Approval<br>Pending Approval |
|                                                           |                                                            | 01/20/22                                   | 8                                    |
| Utilities Supervisor<br>Sanitation Worker II (2)          | Utilities/Sanitation<br>Utilities/Sanitation               | 1/27/2022, 2/11/22                         | Pending Approval                     |
|                                                           | Jounnes/Sanitation                                         | 1/21/2022, 2/11/22                         | Pending Approval                     |
| Total: 7<br>Position                                      | Doportmont/Division                                        | Action                                     | Data of Lina                         |
|                                                           | Department/Division                                        | Action                                     | Date of Hire                         |
| Maintenance Worker II                                     | Public Works/Stormwater                                    | Internal Transfer                          | 2/1/2022                             |
| System Support Technician                                 |                                                            | New Hire                                   | 2/1/2022                             |
| Plant Operations/Maint Tech                               | Utilities/Water Treatment                                  | Internal Transfer                          |                                      |
| Director of Human Resources                               | Human Resources                                            | New Hire                                   |                                      |
| Facility Maintenance Supervisor                           | Parks/Facility Maint.                                      | Internal Promotion                         |                                      |
| Communications Officer I                                  | Police/Emergency Comm                                      | New Hire                                   | 2/18/2022                            |
| Maintenance Worker II (2)                                 | Public Works/Streets                                       | Internal Promotion                         |                                      |
| Maintenance Worker I                                      | Public Works/Stormwater                                    | New Hire                                   | 2/1/2022                             |
| Animal Welfare Division Mgr.                              | Police/Animal Welfare                                      | New Hire                                   | 3/1/2022                             |
| Utility Distribution Worker I                             | Utilities/Water Line Maintenance                           | New Hire                                   | 2/1/2022                             |
| Meter Reader (2)                                          | Finance/Utilities                                          | New Hire                                   | 2/7/2022, 2/15/22                    |
| Custodian (PPT)                                           | Parks/Custodial Svs.                                       | New Hire                                   | 1/27/2022                            |
| Crew Chief                                                | Utilities/Water Line Maintenance                           | Internal Promotion                         |                                      |
| Stormwater Compliance Inspector                           | Public Works/Stormwater                                    | New Hire                                   | 2/15/2022                            |