# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

		2020 calend	dar year, or tax year beginning Jul 1 , 2020, and ending	g Ju	n 30	, <b>20</b> 21
	CHANGE COMPA	A Process of	C Name of organization CASA OF OKLAHOMA COUNTY, INC.		D Employ	er identification number
_		applicable:			13-43	64692
=	Address	2500 P. S.	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  R	oom/suite		one number
=	Name ch	(5)(1)(5)(0)	Number and street (or r.o. box in main or not delivered to surer	.01		900-5100
Ц	Initial ret		1000 NORTHWEST EMPRESSION	.01		
$\sqcup$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73118		G Gross r	eceipts \$1,393,418.
$\sqcup$	Amende	State Section 2		H(a) Is this a gro	oup return for	subordinates? Yes No
Ц	Applicati	ion pending	F Name and address of principal officer: LISA OWENS, 1608 NORTHWEST EXPRESSWAY, OKLAHOMA CITY, OK 731	18 H(b) Are all su	bordinate	s included? Yes No
_	_			If "No." a	ttach a list	t. See instructions
_		mpt status:	X 501(c)(3)	H(c) Group ex		
J		: ► N/A	Corporation			of legal domicile: OK
_			Corporation Trust Typesconding Territory	2007		
۲	art I	Summa	ory scribe the organization's mission or most significant activities: COURT AP	DOTNITED SOFCIAL	ADVOCATES	(CASA) OF OKLAHOMA COUNTY
	1	Briefly des	scribe the organization's mission of most significant activities. COMI APPLICATE TO THE TAIL	TAILLINE GENION	CED	(CIDIT) OF ORDERIONS
Activities & Governance		PROVIDE	ES TRAINED VOLUNTEERS TO BE CHAMPIONS FOR THE I	.NDI VIDOAD.	1200	
nai		BEST IN	TERESTS OF CHILDREN IN FOSTER CARE.	of more than	25% of	its net assets.
Ver	2	Check this	S box ► ☐ if the organization discontinued its operations or disposed	of more than	3	23
ဗိ	3	Number of	I VOLING INCINDORS OF THE GOVERNMENT OF THE PARTY		4	23
Š	4	Number of	f independent voting members of the governing body (Part VI, line 1b	,	5	21
itie	5	Total num	ber of individuals employed in calendar year 2020 (Part V, line 2a)		6	300
ξį	6	Total num	ber of volunteers (estimate if necessary)		7a	0.
ĕ	7a	Total unre	lated business revenue from Part VIII, column (C), line 12		7b	0.
_	b	Net unrela	ated business taxable income from Form 990-T, Part I, line 11	Prior Yea		Current Year
Revenue						1,349,668.
	8	Contributi	ons and grants (Part VIII, line 1h)	1,287	, 996.	1,349,000.
	9	Program s	service revenue (Part VIII, line 2g)		400	43,750.
eve	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	16	,423.	43,750.
ш	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 224	110	1,393,418.
	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,304	,419.	1,393,410.
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)	1 170	215	947,184.
S	15	Salaries, c	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,179	,315.	347,104.
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)	CHICAGO DE MANAGO (ASO	BAST-89-55	
coe	b	Total fund	draising expenses (Part IX, column (D), line 25) 134,098.	202	F.C.2	275,076.
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		,563.	
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,462		1,222,260.
	19	Revenue	less expenses. Subtract line 18 from line 12		,459.	End of Year
5	Ses			Beginning of Cur	100000000000000000000000000000000000000	1,561,427.
sets	20	Total ass	ets (Part X, line 16)	1,708		17,678.
As	21	Total liab	ilities (Part X, line 26)		,649.	1,543,749.
Net Assets or	를 22	Net asset	ts or fund balances. Subtract line 21 from line 20	1,504	,591.	1,543,743.
	III	Signat	ure Block			
τ	Inder per	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and sta etc. Declaration of preparer (other than officer) is based on all information of which prepa	tements, and to th	e best of r dae.	ny knowledge and belief, it is
t	rue, corre	ct, and compl	ete. Declaration of preparer (other than officer) is based on all information of which prepare	rer ride dirij riine	- / /-	001
			(X) (b)		2/10/2	2021
S	ign	Signa	ature of officer	Dat	e	
H	ere	LI	SA OWENS, TREASURER			
			e or print name and title			C DTIN
_		Print/Ty		Date	Check self-em	
	aid	MATTE	HEW L. COLE	12/10/2021	7037505 53850	
	repar	er	NUCLOUS ACCOUNTES PC			20-5861398
	lse Or	Firm's a	address ► 5400 N. GRAND BLVD., STE. 330, OKLAHOMA CITY, C	OK 73112 Pho	ne no. (4	05) 844 - 9995
<u> </u>	lay tha	IDS discus	s this return with the preparer shown above? See instructions			⊠Yes □No

	90 (2020) Page <b>2</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  COURT APPOINTED SPECIAL ADVOCATES (CASA) OF OKLAHOMA COUNTY  PROVIDES TRAINED VOLUNTEERS TO BE CHAMPIONS FOR THE INDIVIDUALIZED  BEST INTERESTS OF CHILDREN IN FOSTER CARE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$945,090_ including grants of \$0_) (Revenue \$0_) IN FY2021, CASA OF OKLAHOMA COUNTY, INC. PROVIDED ADVOCACY SERVICES TO 726 CHILDREN IN OKLAHOMA COUNTY WITH THE HELP OF 300 CASA VOLUNTEERS. CASA VOLUNTEERS ASSISTED 32% OF THESE CHILDREN IN FINDING SAPE, PERMANENT HOMES DURING 2021. DESPITE THE CHALLENGES OF THE CORONAVIRUS PANDEMIC, CASA OF OKCO RECRUITED AND TRAINED 83 NEW VOLUNTEERS IN FY2021, CASA OF OKCO CONTINUED TO EXPAND SERVICES TO AREA FOSTER YOUTH IN FY2021 WITH 40% OF OKLAHOMA COUNTY FOSTER YOUTH RECEIVING A CASA VOLUNTEER. CASA OF OKCO'S 300 VOLUNTEERS REPORTED:  - LOGGING 72,048 MILES DRIVING TO WORK THEIR CASES; - DONATING 8,761 HOURS TOWARDS VOLUNTEER ADVOCACY; - RECORDING 13,023 CONTACTS WITH CHILDREN; - MAKING 2,287 BEST INTEREST RECOMMENDATIONS.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 945.090.

Form 990 (2020)

Part	Checklist of Required Schedules			
Alter Desc.			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
С	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		×
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	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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		×
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		×
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		×
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		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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		×

Part	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		×
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		J
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	23		×
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
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 24d		
25a		240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
ь	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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		×
31	conservation contributions? If "Yes," complete Schedule M	30		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	T I		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	STATE OF		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Page 8

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	288	165	140
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
14	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
	If "Ves." enter the name of the foreign country			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	630		THEFT
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		-
	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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		100 (100 (100 (100 (100 (100 (100 (100
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		×
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	_		
(T)	required to file Form 8282?	7c	0.3000	×
d	If "Yes," indicate the number of Forms 8282 filed during the year		MISS.	-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7g		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Contract Con	Edar)	1500
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	Pales.	NAME OF STREET
9	Sponsoring organizations maintaining donor advised funds.	9a	33425	NAME OF
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b	-	$\vdash$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90	1 SECUL	THE STATE OF
10	Section 501(c)(7) organizations. Enter:			
а	Initiation lees and capital contributions included on that this included			
b	Gross receipts, included on Form 990, Fait Vin, line 12, 161 paging does it state that			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
а	Gloss income nom members of shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	THE S		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.		n-hall	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	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			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		363	A 2008
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	×
b	If "Vee," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scriedule 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	S SHEW	×
	If "Ves." see instructions and file Form 4720, Schedule N.	10	2164	-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	DE L'ARRE	×
	If "Yes," complete Form 4720, Schedule O.	98839	00	0 (202)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		~
8	stockholders, or persons other than the governing body?	76		×
825	the year by the following:	00	~	
a	The governing body?	8a 8b	×	
ь 9	Each committee with authority to act on behalf of the governing body?	OD	^	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Manager and Co.	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	_	_×
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	STEEDER!
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	×	
12	Did the organization have a written whistleblower policy?	13	×	
13 14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OK			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and recasa OF OKLAHOMA COUNTY, 1608 NW EXPRESSWAY, SUITE 101, OKLAHOMA CITY, OK 73118 (	cords 405)	<b>▶</b> 900-	5100

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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 organizat  (A)  Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) KIM VANBEBBER	40.00			-						6 616
EXECUTIVE DIRECTOR				×				72,623.	0.	6,616.
(2) JACK MORGAN PRESIDENT	1.00	×		×				0.	0.	0.
(3) JENNIFER DUNN VICE PRESIDENT	1.00	×		×				0.	0.	0
(4) LISA OWENS TREASURER	1.00	×		×				0.	0.	0
(5) JENNIFER CHRYSANT SECRETARY	1.00	×		×				0.	0.	0
(6) COREE STEVENSON GOVERNANCE CHAIR	1.00	×		×				0.	0.	0
(7) MIGUEL BAEZ DIRECTOR	1.00	×						0.	0.	0
(8) TIM BAKER DIRECTOR	1.00	×					L	0.	0.	0
(9) JAMES BENNETT DIRECTOR	1.00	×						0.	0.	0
(10) CODY COOPER DIRECTOR	1.00	×						0.	0.	0
(11) AMY COTTRELL DIRECTOR	1.00	×						0.	0.	. 0
(12) RAYMOND DALLAS DIRECTOR	1.00	×						0.	0.	. 0
(13) HEIDI HERBURGER DIRECTOR	1.00	×						0.	0	. 0
(14) PAM LANE DIRECTOR	1.00	×						0.	0	Form <b>990</b> (202

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Employ	yees (co	ntinued)
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe	rson	e than o is both or/trust	an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F Estimated of of compe	d amount ther
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organiza related org	tion and
	LL MERRITT	1.00								0		0
	RECTOR	1 00	×	-			-	-	0.	0.		0.
	NDICE MILARD RECTOR	1.00	×						0.	0.		0.
(17) SI	ONTAL MOUTON RECTOR	1.00	×						0.	0.		0.
	ARLES OSBORN RECTOR	1.00	×						0.	0.		0.
	RISAN PATTERSON RECTOR	1.00	×						0.	0.		0.
	SSICA RAMIREZ RECTOR	1.00	×						0.	0.		0.
	TIE SAY RECTOR	1.00	×						0.	0.		0.
	RECTOR	1.00	×						0.	0.		0.
D	Y SNIDER RECTOR	1.00	×						0.	0.		0.
	NI STEWARD RECTOR	1.00	×						0.	0.		0.
(25)												
1b c	Subtotal	t VII, Sectio			•			<b>A</b>	72,623.	0.		6,616.
d	Total (add lines 1b and 1c)							<u> </u>	72,623.	0.	of	6,616
2	Total number of individuals (including but reportable compensation from the organ		d to t	nose	e lis	ted	abov	e) w	no received mor	e than \$100,000		
3	Did the organization list any <b>former</b> employee on line 1a? If "Yes," complete	officer, dire	ector	, tru	uste	e, I	key e	mp	loyee, or higher	st compensated	AUGUSTON OF	Yes No
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble	cor	npe	nsatio	on a	and other compe	nsation from the	SECTION 1	
5	Did any person listed on line 1a receive	or accrue c	ompe	ensa	tior	n fro	m an	y ur	related organiza	 tion or individua	4	×
04	for services rendered to the organization	n? If "Yes,"	comp	lete	Sc	hed	ule J	for :	such person .		5	×
Secti 1	on B. Independent Contractors  Complete this table for your five high	hest comp	ensa	ted	ind	epe	nden	t co	ontractors that	received more	than \$10	00,000
	compensation from the organization. Re	port comper	nsatio	n fo	r th	e ca	alenda	ar ye	ear ending with o	r within the organ	nzation s	tax year
	(A) Name and business ac	ldress							(B) Description of ser	vices	(C) Compensa	tion
2	Total number of independent contract	tors (includi	ing b	ut i	not	lim	ited t	o t	hose listed abor	ve) who		
	received more than \$100,000 of compen	isation from	the c	irya	IIIZa	LIOI		_		OR VALUE		

Part	VIII	Statement of Rev Check if Schedule			esnor	ise or note to a	ny line in this Pa	art VIII		П
		Officer if ochicatio	0 00	mans a re	зэрог	isc of flote to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a	97,125.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
هَ ق	С	Fundraising events	2 6		1c		E VICE TO THE			
ifts	d	Related organization			1d			NY II		
nië G	е	Government grants	(cont	ributions)	1e	617,021.				
Sir	f	All other contribution								
he ti		and similar amounts no			1f	635,522.				
호를	g	Noncash contribution			١.			A CONTRACTOR OF THE SECOND		
o P		lines 1a–1f			1g		1 240 660			
- "	h	Total. Add lines 1a-	-11 .			Business Code	1,349,668.			CHARLES TO THE STATE OF
ø	20					Business Code				THE RESERVE TO A SECOND TO
Program Service Revenue	2a b									
gram Ser Revenue	C									
E N	d									
gra	e									
č	f	All other program se								
-	g	Total. Add lines 2a-				•				
	3	Investment income								
		other similar amoun	A. 100 A.				43,750.	0.	0.	43,750.
	4	Income from investr								
	5				20					
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income o	r (los	s)		🕨				
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
e	b	Less: cost or other basis						HIS ENGLIS		
Revenue		and sales expenses .	7b							
Şe.	С	Gain or (loss)	7c					TEN TOWN		
	d	Net gain or (loss)			· ·	🟲				Control Course
Other	8a	Gross income from		ındraising						
O		events (not including		al au Baa						
		of contributions rep 1c). See Part IV, line			00					
					8a 8b		-			
	b	Less: direct expens Net income or (loss)				ents ▶			STATES AND STREET	
	C	Gross income f	×		geve				<b>高速初度19</b>	
	9a	activities. See Part			9a					
	b	Less: direct expens			9b					
		Net income or (loss)				es <b>&gt;</b>				
		Gross sales of in		250						
	iou	returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss			rvento	ory <b>&gt;</b>				
2						Business Code	Charles and the		Removed the second	
90r	11a									
scellaned Revenue	b				enson Titl					
eve	С									
Miscellaneous Revenue	d	All other revenue								122 C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2		Total. Add lines 11a							Bally (Hard Cons. Co.	42 750
	12	Total revenue. See	instr	ructions		🕨	1,393,418.	0.	0.	43,750

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A	A).
Check if Schedule O contains a response or note to any line in this Part IV	

Do not in 8b, 9b, ar	nclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21 .				
	rants and other assistance to domestic dividuals. See Part IV, line 22				
org	rants and other assistance to foreign ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors, ustees, and key employees	95,036.	31,362.	31,362.	32,312
pe	empensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)				
7 Ot	her salaries and wages	695,589.	632,492.	7,189.	55,908.
<b>8</b> Pe	ension plan accruals and contributions (include				
sec	ction 401(k) and 403(b) employer contributions)	19,790.	14,616.	2,034.	3,140.
9 Ot	her employee benefits	74,931.	56,930.	11,209.	6,792.
	ayroll taxes	61,838.	51,017.	3,470.	7,351.
	es for services (nonemployees):				
	anagement				
	gal				
c Ac	counting	53,725.	0.	53,725.	0.
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	ner. (If line 11g amount exceeds 10% of line 25, column				
	amount, list line 11g expenses on Schedule O.) .	21,162.	16,401.	2,965.	1,796.
	vertising and promotion	4,440.	3,264.	732.	444.
	fice expenses	66,060.	48,010.	10,756.	7,294.
	formation technology	3,699.	83.	19.	3,597.
	pyalties				
	ccupancy				
	avel	149.	109.	25.	15.
<b>18</b> Pa	syments of travel or entertainment expenses any federal, state, or local public officials		200.		
	onferences, conventions, and meetings .	16,337.	12,929.	2,122.	1,286.
	erest	10/33/1		-/	
	yments to affiliates	14,187.	10,431.	2,339.	1,417.
	epreciation, depletion, and amortization .	55,931.	41,061.	9,208.	5,662.
	surance	20,180.	14,837.	3,327.	2,016.
	her expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
	amount, list line 24e expenses on Schedule O.)				
a AW	WARDS AND EVENTS	8,122.	3,399.	762.	3,961.
	JES AND SUBSCRIPTIONS	7,591.	5,581.	1,252.	758.
	AD DEBT	1,351.	993.	223.	135.
	ANK AND CREDIT CARD FEES	2,142.	1,575.	353.	214.
	other expenses				
	tal functional expenses. Add lines 1 through 24e	1,222,260.	945,090.	143,072.	134,098.
26 Jo org fro fun	int costs. Complete this line only if the ganization reported in column (B) joint costs om a combined educational campaign and adraising solicitation. Check here ▶ ☐ if lowing SOP 98-2 (ASC 958-720)		·		
.511		REV 09/08/21 PRO			Form <b>990</b> (2020

		Check if Schedule O contains a response or		(A) Beginning of year		(B) End of year
				782,390.	1	816,013.
	1			102,390.	2	010,013.
	2	Savings and temporary cash investments		148,925.	3	132,898.
	3	Pledges and grants receivable, net		140,525.	4	100/000.
	4	Accounts receivable, net				
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	antial contributor, or 35%		5	
	6	Loans and other receivables from other disqua under section 4958(f)(1)), and persons described	lified persons (as defined		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ass	9			25,321.	9	12,353.
107.	10a	Land, buildings, and equipment: cost or other				
	IVa	basis. Complete Part VI of Schedule D	10a 517,088.			
	ь	Less: accumulated depreciation	10b 122,511.	582,508.	10c	394,577.
	11	Investments—publicly traded securities			11	
	12	Investments-other securities. See Part IV, line	11		12	
	13	Investments-program-related. See Part IV, line	11		13	
	14	Intangible assets		14	205 506	
	15	Other assets. See Part IV, line 11		169,096.	15	205,586.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	1,708,240.	16	1,561,427.
	17	Accounts payable and accrued expenses		23,549.	17	17,678.
	18	Grants payable		19		
	19	Deferred revenue		20		
	20	Tax-exempt bond liabilities		21		
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D			San and Proceedings
es	22	Loans and other payables to any current or	former officer, director,			
Ħ		trustee, key employee, creator or founder, subs	se persons		22	SECOND PRODUCTION OF
Liabilities		controlled entity or family member of any of the	stod third parties		23	
_	23	Secured mortgages and notes payable to unrelated unsecured notes and loans payable to unrelated	d third parties	180,100.	24	
	24	Unsecured notes and loans payable to difference	nevebles to related third			
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line	e 17-24) Complete Part X			
		of Schedule D	3 17 - 24). Complete : a		25	
	26	Total liabilities. Add lines 17 through 25		203,649.	26	17,678.
ses	-	Organizations that follow FASB ASC 958, che				
anc		and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions		1,077,091.	27	1,270,624.
3al	27	Net assets with donor restrictions		427,500.	28	273,125.
ē	28	Organizations that do not follow FASB ASC 9	58 check here			
Ē		and complete lines 29 through 33.	550, Check here?			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds			29	
ts	30	Paid-in or capital surplus, or land, building, or e	quipment fund		30	
sse	31	Retained earnings, endowment, accumulated in	ncome, or other funds		31	
ţ	32	Total net assets or fund balances		1,504,591		1,543,749.
Ne	33	Total liabilities and net assets/fund balances .		1,708,240	. 33	1,561,427.

-	-4	•
Page		4

	3 (454.4)	_	3000	3
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	LOCATE	93,4	
2	Total expenses (must equal Part IX, column (A), line 25)	1,2	22,2	60.
3	Revenue less expenses. Subtract line 2 from line 1	1	71,1	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,5	04,5	91.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities	-1	32,0	00.
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1,5	43,7	49.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		TA SE	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1		
	separate basis, consolidated basis, or both:			
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	THE STATE OF		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
За				
Ju	Single Audit Act and OMB Circular A-133?	За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	REV 09/08/21 PRO	For	n <b>990</b>	(2020)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number

AS	A C	F	OKLAHOMA COUNTY, I					13-4364692		
	rt I	_	Reason for Public Cha		organizations must	comple	te this p	art.) See instructio	ns.	
he			ation is not a private found							
1			church, convention of churc							
2		As	school described in <b>section</b>	170(b)(1)(A)(ii).	Attach Schedule E (Fo	orm 990	or 990-EZ	Z).)		
3		A	nospital or a cooperative ho	spital service org	anization described in	section	170(b)(1	)(A)(iii).		
4			medical research organizati		onjunction with a hosp	ital desc	ribed in s	ection 1/0(b)(1)(A)(i	II). Ent	ter the
_	_	no	spital's name, city, and stat	:e: 				d by a government	al unit	described in
5		se	organization operated for ction 170(b)(1)(A)(iv). (Com	plete Part II.)					ıı umt	described iii
6 7	×	An	federal, state, or local gover organization that normally scribed in section 170(b)(1	receives a subs	tantial part of its supp	in <b>sectio</b> port from	on 170(b) a govern	(1)(A)(v). nmental unit or from	the g	eneral public
8		A	community trust described	in section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9		or	agricultural research organ university or a non-land-gra iversity:	nization described ant college of agr	I in section 170(b)(1)(iculture (see instruction	( <b>A)(ix)</b> opens). Ente	erated in r the nam	conjunction with a la ne, city, and state of	ind-gra the co	ant college llege or
10		red su ac	n organization that normally ceipts from activities related pport from gross investmen quired by the organization	d to its exempt fur nt income and unr after June 30, 197	nctions, subject to ce related business taxat 75. See <b>section 509(</b> a	rtain exce ble incom i)(2). (Cor	eptions; a le (less se nplete Pa	ection 511 tax) from that the strict in the	33'/3%	o OI IIS
11		An	organization organized and	d operated exclus	sively to test for public	safety. S	See <b>secti</b>	on 509(a)(4).		
12		of	organization organized and one or more publicly supp neck the box in lines 12a thro	orted organization	ns described in secti-	on 509(a	)(1) or se	ection 509(a)(2). See	secti	on 509(a)(3).
•	а		Type I. A supporting orgathe supported organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or truste	es of	the
j	b		Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same	with its s persons	upported organization that control or mana	on(s), b age the	by having e supported
1	С		Type III functionally integits supported organization	grated. A suppor	ting organization oper	ated in c	onnection IV, Secti	n with, and functiona ons A, D, and E.	lly inte	egrated with,
	d		Type III non-functionally that is not functionally interequirement (see instructional see instruction).	integrated. A su	pporting organization nization generally mus	operated st satisfy	d in conne a distribu	ection with its suppo ution requirement an	rted or d an at	rganization(s) ttentiveness
9	е		Check this box if the orga functionally integrated, or	nization received Type III non-func	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Type ion.	II, Typ	oe III
3	f E	nte	er the number of supported						*	
19	g F	rov	vide the following information	on about the supp	orted organization(s).					
	(i)	Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		organization or governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of r support (see structions)
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
_	72.6					HEAT STATE	THE STATE OF		1	

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

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					1 240 660	6 220 411
_	include any "unusual grants.")	1,312,514.	1,098,504.	1,180,729.	1,287,996.	1,349,668.	6,229,411.
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	10000001111	THE STATE OF THE S				100 010
1021	organization without charge	28,932.					
4	Total. Add lines 1 through 3	1,341,446.	1,127,436.	1,211,042.	1,318,308.	1,353,422.	6,351,654.
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)						519,369.
6	Public support. Subtract line 5 from line 4	The same					5,832,285.
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,341,446.	1,127,436.	1,211,042.	1,318,308.	1,353,422.	6,351,654.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,182.	17,556.	21,526.	16,423.	43,750.	120,437.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	69,268.	12,319.	16,811.	0.	0.	
11	Total support. Add lines 7 through 10						6,570,489.
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	0.
13	First 5 years. If the Form 990 is for the	organization'	s first, second	l, third, fourth,	or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he						. , , <b>▶</b> □
	on C. Computation of Public Suppor	rt Percentag	е				00 760/
14	Public support percentage for 2020 (line	6, column (f), c	livided by line	11, column (f))		14	88.76 % 89.02 %
15	Public support percentage from 2019 Sci 331/3% support test—2020. If the organ	nedule A, Part	II, line 14 .		 nd line 1/1 is 3°		
16a	box and <b>stop here.</b> The organization qua	ization did not ilifies as a nub	lich supported	l organization	ild lille 14 is o		▶ 🖾
h	33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organi	ization did not	check a box o	on line 13 or 16	Sa. and line 15	is 331/3% or n	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		🟲 📙
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization metal VI how the organization meets the organization	neets the facts facts-and-circ	-and-circumst umstances tes	ances test, ch st. The organia	eck this box a zation qualifies	and stop here as as a publicly	supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization Part VI how the organization meets the organization	on meets the facts-and-cir	acts-and-circu rcumstances to	mstances test est. The organ	, check this bo ization qualifie	s as a publicly	ere. Explain supported
18	Private foundation. If the organization	aia not check	a box on line	e 13, 10a, 100	, ira, or irb,	, OHEOR HIS D	•
	instructions						

## 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.)

Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
9	furnished in any activity that is related to the organization's tax-exempt purpose						V
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Cooti	on B. Total Support	() () () () () ()	100 A 7 A 10 A 10	MERCOL WENT	1000年10日1日		
	dar year (or fiscal year beginning in)	(-) 001C	(h) 0017	(-) 001D	(4) 0010	(-) 0000	(A) Tatal
9	Amounts from line 6	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop her			, third, fourth,			
Secti	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2020 (line 8					15	%
16	Public support percentage from 2019 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2020 (I					17	%
18	Investment income percentage from 2019					18	%
19a	331/3% support tests—2020. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests – 2019. If the organization 18 is not more than 331/3%, check this b	oox and stop he	<b>ere.</b> The organi	ization qualifies	as a publicly so	upported organ	ization 🕨 🗌
20	Private foundation. If the organization did	d not check a l	box on line 14,	, 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

### 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.)

Sacti	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete on A. All Supporting Organizations	, i di	,	
Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	316	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	18.0	1	No.

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)		Yes	No
	U. II. and the second of a sift or contribution from any of the following persons?	47/25	103	140
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	-	_
b	A family member of a person described in line 11a above?	11b		8888
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
		DE VOTE	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		Yes	No
	to the dispetors		163	Acti
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 AV	
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		1	Τ
		16001	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			180
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		1950
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 in this regard.	3		
Cool	tion E. Type III Eurotionally 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	instr	uction	15).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The appropriation is the parent of each of its supported organizations. Complete line 3 below.	1/000	inetru	ction
c		(300	Yes	N
2	Activities Test. Answer lines 2a and 2b below.			
а	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 <b>Part VI identify those supported organizations and explain</b> 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.			
t	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in	26		
	these activities but for the organization's involvement.	20	N 1035	5/1 (S.)
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	38		
ŀ	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 <b>Part VI</b> the role played by the organization in this regard.	31		M SI

	instructions. All other Type III non-functionally integrated supporting organ			(B) Current Year
Secti	on A-Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(5) 0 11/
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
-8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		(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		

Sect	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	la tha a a a a a la a la una	lun	7	
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	on the organization is res	ponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015			Name	
b	From 2016				
С	From 2017		THE RESERVE	EANE!	
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount			The same	
i	Carryover from 2015 not applied (see instructions)			0.53	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
2002	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount		alers would all		
С	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				A STATE OF THE STA
8	Breakdown of line 7:				
а	Excess from 2016				A STATE OF THE STATE OF
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020	PER STATE OF THE S		4	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II I	n 10: Other Income Part II, Line 10 Description: NET INCOME/LOSS FROM
***************************************	
***************************************	
******	
*************	
*	
*************	***************************************
4-4	
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

	f the organization		Employer identification number
	A OF OKLAHOMA COUNTY, INC.	and Funda or Other Cimilar Fund	13-4364692
Par	Organizations Maintaining Donor Advi Complete if the organization answered "		us of Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
	Total according at an all afficient	(a) Donor advised funds	(b) Fullos and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	li i ii ili ili ili ili ili ili ili ili	ald in dense advised
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the	advisors in writing that the assets he	l? □ Yes □ No
	Did the organization inform all grantees, donors, ar	d depart advisors in writing that gran	t funds can be used
6	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?		
			☐ Tes ☐ No
Par		Ves" on Form 000 Port IV line 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		of a historically important land area
	Preservation of land for public use (for example, recreated		of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
•	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified concentration contribution	n in the form of a conservation
2	easement on the last day of the tax year.	d a qualified conservation contribution	Held at the End of the Tax Year
			NAME OF TAXABLE PARTY.
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (		
1000	- 1 T T T T T T T T T T T T T T T T T T		· · 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terr	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conserv	vation easement is located	postion handling of
5	Does the organization have a written policy reg- violations, and enforcement of the conservation eas	ements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
	<b>-</b>		P
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
12500	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		Yes . No
9	balance sheet, and include, if applicable, the text of	the feetpete to the organization's fine	and expense statement and
	organization's accounting for conservation easemen		anolal statemente that assemble the
			Other Similar Assets
Par		Ver" on Form 000 Port IV line 9	Other Sillina Assets.
	Complete if the organization answered "	PASS OFF THE STATE OF THE C.	is statement and balance sheet works
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets	bold for public exhibition, education	or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	a its financial statements that describ	hes these items
	service, provide in Part Alli the text of the foothole to	D ACC 050 to report in its revenue	etatement and halance sheet works o
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held	for public exhibition, education, or re-	search in furtherance of public service
	provide the following amounts relating to these item		ocaron in farmorance of pasie of the
			<b>▶</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1		
425	(ii) Assets included in Form 990, Part X	historical traceures or other similar	assets for financial gain provide the
2	If the organization received or held works of art,	THISTORICAL TREASURES, OF OTHER SHITHAT	assets for infational gain, provide the
	following amounts required to be reported under FA		<b>L</b> \$
а	Revenue included on Form 990, Part VIII, line 1 .		• \$
h	Assets included in Form 990 Part X		<del>.</del>

Part	III Organizations Maintaining	Collections of A	Art, Historica	al Treasures, o	or Oth	er Similar Ass	ets (conti	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	er records, cl	neck any of the	followi	ng that make sig	inificant us	se of its
а	☐ Public exhibition			an or exchange				
	☐ Scholarly research		e 🗌 Ot	her				
	☐ Preservation for future generations					nization's avers	ot purposo	in Part
4	Provide a description of the organizat XIII.							in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintai	donations of a ned as part of	rt, historical treating the organization	asures n's col	, or other similar lection?	☐ Yes	☐ No
Part	Complete if the organization	answered "Yes"						orm
	Is the organization an agent, trustee, included on Form 990, Part X?				ons or	other assets not	☐ Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the followin	g table:		Am	nount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance		1 101 101 101 101		1f			
2a	Did the organization include an amour	nt on Form 990, Pa	rt X, line 21, fe	or escrow or cus	stodial	account liability?	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explana	ation has been p	rovide	d on Part XIII .		
Par	V Endowment Funds.							
	Complete if the organization	answered "Yes"	on Form 99	0, Part IV, line	10.			
		(a) Current year	(b) Prior year		back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	169,096.	174,66	1. 175,5	11.	173,256.	164	,626.
b	Contributions							
c	Net investment earnings, gains, and							
	losses	44,842.	3,71	4. 7,6	550.	12,164.	18	,521.
d	Grants or scholarships	8,352.	9,27		500.	8,202.	8	,294.
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses					1,707.		.,597.
g	End of year balance	205,586.	169,09			175,511.	173	,256.
2	Provide the estimated percentage of t	he current year en	d balance (line	e 1g, column (a))	held a	is:		
а	Board designated or quasi-endowmer	nt ▶ 100.	. %					
b	Permanent endowment ▶							
С								
100	The percentages on lines 2a, 2b, and	2c should equal 10	00%.					
3a	Are there endowment funds not in the	e possession of th	e organization	n that are held a	ind adi	ministered for the	9	
	organization by:						Y	es No
	(i) Unrelated organizations						54(1)	×
	(ii) Related organizations						3a(ii)	×
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required o	n Schedule R?			3b	
4	Describe in Part XIII the intended uses	s of the organization	n's endowme	ent funds.				
	Land Buildings and Fquir	ment.						0020
ı dı	Complete if the organization	answered "Yes"	on Form 99	0, Part IV, line	11a.	See Form 990,	Part X, lin	ne 10.
	Description of property	(a) Cost or ot (investm	her basis (b) (	Cost or other basis (other)	(c) /	Accumulated epreciation	(d) Book	value
10	Land	50	0.					0.
1a				176,000.			176	5,000.
b	Buildings			89,503.		25,753.	63	3,750.
С	Leasenoid improvements							1 007
		60		251,585.		96,758.	154	1,821.
d	Equipment						154	1,827.

Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on For		(c) Method of valuation:
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
	derivatives		
	eld equity interests		
Other			
(C) (D)	***************************************		
(E)			
/E\			
(G)			
(H)			
otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨		<b>经国际特别的特别的特别的特别的</b>
art VIII	Investments - Program Related.	Ventures of the control of the contr	
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
(8)			
(8) (9)	ımn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
(8) (9) otal. (Colu	Other Assets		
(8) (9)	Other Assets	rm 990, Part IV, lin	e 11d. See Form 990, Part X, line 15
(8) (9) otal. (Colu	omn (b) must equal Form 990, Part X, col. (B) line 13.) .  Other Assets.  Complete if the organization answered "Yes" on Form	rm 990, Part IV, lin	(b) Book value
(8) (9) otal. (Colu	Other Assets.  Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	(b) Book value
(8) (9) otal. (Colu Part IX	Other Assets.  Complete if the organization answered "Yes" on Formula (a) Description	rm 990, Part IV, lin	(b) Book value
(1) BENEF	Other Assets.  Complete if the organization answered "Yes" on Formula (a) Description	rm 990, Part IV, lin	(b) Book value
(8) (9) (otal. (Columnation) Part IX (1) BENEF (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on Formula (a) Description	rm 990, Part IV, lin	(b) Book value
(1) BENEF (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on Formula (a) Description	rm 990, Part IV, lin	(b) Book value
(1) BENEF (2) (3) (4) (6)	Other Assets.  Complete if the organization answered "Yes" on Formula (a) Description	rm 990, Part IV, lin	(b) Book value
8) 9) otal. (Colt Part IX  (1) BENEF (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on Formula (a) Description	rm 990, Part IV, lin	(b) Book value
8) 9) otal. (Column (C	Other Assets.  Complete if the organization answered "Yes" on Formula (a) Description	rm 990, Part IV, lin	(b) Book value
(8) (9) (1) BENEF (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on Fo  (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS		(b) Book value 205, 586
(8) (9) Otal. (Columnation of the columnation of	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value 205,58  205,58
(8) (9) (1) BENEF (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on Formal Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Formal Description		(b) Book value 205,58  205,58
(1) BENEF (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col.	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value 205,58  205,58
8) 9) otal. (Column (C	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability		(b) Book value 205,58  205,58  205,58  205,58  1e 11e or 11f. See Form 990, Part X,
8) 9) otal. (Colt Part IX  (1) BENEF (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colt Part X	Other Assets. Complete if the organization answered "Yes" on Formal Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Folione 25.		(b) Book value 205,58  205,58  205,58  205,58  1e 11e or 11f. See Form 990, Part X,
8) 9) otal. (Colt Part IX  (1) BENEF (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colt Part X  (1) Federal (2)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability		(b) Book value 205, 58  205, 58  205, 58  205, 58  205, 58
8) 9) otal. (Columnation (Colum	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability		(b) Book value 205, 58  205, 58  205, 58  205, 58  205, 58
8) 9) otal. (Columnation (Colum	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability		(b) Book value 205, 58  205, 58  205, 58  205, 58  205, 58
8) 9) otal. (Columnation (Colum	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability		(b) Book value 205, 58  205, 58  205, 58  205, 58  205, 58
8) 9) otal. (Colt Part IX  (1) BENEF (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colt Part X  (1) Federal (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability		(b) Book value 205, 58  205, 58  205, 58  205, 58  205, 58
8) 9) otal. (Columnation (Colum	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability		(b) Book value 205,58  205,58  205,58  205,58  1e 11e or 11f. See Form 990, Part X,
(1) BENEF (2) (3) (4) (5) (6) (7) (8) (9) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  ICIAL INTEREST IN ASSETS HELD BY OTHERS  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability	rm 990, Part IV, lir	(b) Book value  205,58  205,58  205,58  1e 11e or 11f. See Form 990, Part X,  (b) Book value

Part	Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per	Return	•
	Complete if the organization answered "Yes" on Form 990,	Part IV, I	He 12a.	1	1,574,672.
1	Total revenue, gains, and other support per audited financial statements			200	1/5/1/0/21
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	2a			
a	Donated services and use of facilities		181,254.		
b	Recoveries of prior year grants		202/2011		
c d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	181,254.
3	Subtract line 2e from line 1			3	1,393,418.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		2364	
C	Add lines 4a and 4b			4c	1 202 410
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 12.) .	th European	5 Potu	1,393,418.
Part	XII Reconciliation of Expenses per Audited Financial State	Port IV I	itii Expenses pe ine 12a	netu	111.
	Complete if the organization answered "Yes" on Form 990.	, Part IV, I	IIIE IZa.	1	1,535,514.
1	Total expenses and losses per audited financial statements				1,555,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a	313,254.		
a	Prior year adjustments	2b		1201	
b	Other losses				
C	Other (Describe in Part XIII.)				
d e	Add lines 2a through 2d	,		2e	313,254.
3	Subtract line 2e from line 1			3	1,222,260.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	1,222,260.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.) .	<u> </u>	5	1,222,200.
Part	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part	IV. lines 1b and 2b	e; Part V	, line 4; Part X, line
Provid	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	rt to provid	le any additional ir	formati	on.
2, Fa	t XI, lines 20 and 45, and t art XII, into 25 and 12 these samples				
Pt \	, Line 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE	RESERV	ED FOR FUTUR	E OPER	RATIONS.
ANNU	AL DISTRIBUTIONS FROM THE ENDOWMENT ARE AVAILABLE	E TO FU	ND CURRENT O	PERAL	LONS.
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ichedule D (Fo	m 990) 2020	Page 5
Part XIII	Supplemental Information (continued)	
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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 Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2020

Department of the Treasury
Internal Revenue Service

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number CASA OF OKLAHOMA COUNTY, INC 13-4364692 Pt VI, Line 11b: A COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW BEFORE IT IS FILED. Pt VI, Line 12c: THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FIRST MEETING OF DULY ELECTED DIRECTORS, ANNUALLY WITH ALL STAFF, AND WITH EACH NEW MEMBER OF THE STAFF AT THE TIME OF HIS OR HER HIRE. Pt VI, Line 15a: A HUMAN RESOURCE COMMITTEE MET AND REVIEWED THE EXECUTIVE DIRECTOR POSITION REQUIREMENTS, THE SALARY STUDY, AND RECOMMENDED TO THE BOARD THE JOB DESCRIPTION AND SALARY LEVEL. AFTER DISCUSSION, THE BOARD APPROVED THE COMPENSATION PLAN. Pt VI, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.