Form	990
Form	990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



B checket explicited interpretations interpretatinteretations interpretations interpretations i	Α	For th	e 2022 calendar year, or tax year beginning a	and ending		
TULSA CHILDREN S CUALTION, INC. 73-1396144 Drain Dusiness as an uncertainty of the province country, and zIP or foreign postal code T3-1396144 Final Previous S30 E. 31ST STREET 300 State of the province country, and ZIP or foreign postal code G constructions 4,277,348. Previous Final Previous Save and the province, country, and ZIP or foreign postal code H(a) Is this a group return for subordinates? Yes XI No Previous Family and the solution of the province, country, and ZIP or foreign postal code H(b) Are at autorinates? Yes XI No Previous SAME AS C ABOVE H(b) Are at autorinates? Yes XI No I Briefly describe the organization: XI orporation Trust Association Other L Yaar of formation: 1991 M State of legal domicle: OK Pertil Summary I Briefly describe the organization is mission or most significant activities: ASSIST IN DEVELOPING CHILDCARE & EARLY CHILDHOOD EDUCATIONAL SERVICES IN TULSA, OKLAHOMA. 3 8 2 Check this box I the organization discontinued is operations or disposed of more than 25% of its net assets. 3 0 3 Number of nodependent voling members of the governing body (Part VI, line 1a) 4 8 6 10 7 a total unumber of indipendent voling members of the g		Check if applicab	e: C Name of organization		D Employer identified	cation number
Image: Province of organization: Doing business as freed (or P.O. box if mail is not delivered to street address) Room/suite T3-1396144 Image: Province of the p	Г	Addre	TULSA CHILDREN'S COALITION, INC.			
Image: Provided in the instant of the insthe insthe instant of the instant of the instant of th		Name			73-13961	44
State 5330 E. 31ST STREET 300 918-728-8198 City or town, state or province, courty, and ZIP or foreign postal code G. Cross receipts 5 4, 277, 348. Province SAME AS C. ABOVE H(a) Is this a group return for subordinates? Ves. X. No I Taxe-exempt status: X. 501(0) 501(0) (insert no.) 947(a)(1) or 527 J Website: WWW.TULSACHILDRENSCOALITION.ORG H(c) Group exemption number H(c) Group exemption number I Evel of organization: X. Corporation Trust Association Other L var or formation: 1991 M state or legal domicile.OK Part I Summary 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 8 3 Number of independent voting members of the governing body (Part V, line 1a) 3 8 6 4 Number of volunteers (estimate if necessary) 7a 0. 6 100 7a Total number of individuals employee bearding tody, (Part V, line 2a) 5 0 0 0 6 Total number of indindependent voting members of the governing body (Part V		Initial		Room/sui		
City or town, state or province, country, and ZIP or foreign postal code G Creas receipts \$ 4,277,348. TULSA, OK 74135 F Name and address of principal officer: BRENT JOHNSON SAME AS C ABOVE Ha) Is this a group return I Tax exempt status: S 001(c)(3) J Website: WW. TULSACHILDRENSCOALITTION.ORG H(b) Are all address of principal officer: Bensite (C) (3) J Briefly describe the organization in Trust Association Other L Year of formation: Partil Summary I Briefly describe the organization's mission or most significant activities: ASSIST IN DEVELOPING CHILDCARE & EARLY CHILDHOOD EDUCATIONAL SERVICES IN TULSA, OKLAHOMA. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 4 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 100 7a total unrelated business taxable income from Form 990-T, Part I, line 11 7a 9 Program service revenue (Part VIII, line 1h) 1, 129, 197, 1, 1229, 197, 1, 1229, 198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d, 1, 129, 197, 1, 1229, 197, 1, 1229, 198. 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0			5330 E 31CH CHDEEM			8198
Image: TULSA, OK 74135 H(a) Is this a group return for subordinates? Ves No Image: SAME AS C ABOVE To subordinates? Ves No I Tax exempt status: S01(c)(3) 501(c)() (inset1n0.) 4947(a)(1) or 527 J website: WWW.TULSACHILDRENSCOALITION.ORG H(b) Area ilaucondrate include? Ves No H(c) Group exemption number K Form of organization; X (corporation in trust include) Association include: Ves instructions Yebsite: WWW.TULSACHILDRENSCOALITION.ORG H(c) Group exemption number K Form of organization; X (corporation in trust include) Association include: Ves No Mither of independent voting members of the governing body (Part V, line 1a) 3 8 Number of voting members of the governing body (Part V, line 1a) 3 8 Number of voting members of the governing body (Part V, line 1a) 4 8 S Total number of volunteers (estimate if necessary) 6 10 G total number of volunteers (estimate if necessary) 6 10 F a Total number of volunteers (estimate if necessary) 6 10 G total number of volunteers (estimate if necessary) 6 10 0		termir ated			G Gross receipts \$	4,277,348.
Pending SAME AS C ABOVE I Taxexempt status: X 01(c)(3) 01(c)(1) (instring) 10 J Website: WWW. TULSACHILDRENSCOALTTION.ORG If 'No,'' attach a list. See instructions K Form of organization: X Corporation Trust Association Other L Year of formation: 1991 M State of legal domicile: OK Part I Summary Summary Association Other L Year of formation: 1991 M State of legal domicile: OK 2 Check this box If the organization's mission or most significant activities: ASSTST IN DEVELOPING CHILDCARE & EARLY CHILDHOOD EDUCATIONAL SERVICES IN TULSA, OKLAHOMA. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 00 5 Total number of volunteers (estimate in necessary) 6 100 7a 0. 7 a Total unrelated business revenue from Part VIII, column (A), line 11 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 590, 154. 0. 0. 0. 9 Program service revenue (Part VIII, lonum (A), lines 13. 0. 0. 0.		Amen return	10LSA, OK 74135		H(a) Is this a group re	eturn
SABE AS C ABOVE H(b) Are all subordinates included? \[Yes \] No I Taxexemptisatus: X 3010(a) 501(a)() (insert no.) 4947(a)(1) or 527 J Website: WWW. TULSACHILDRENSCOALITION.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association 0ther L Year of formation: 1991 M State of legal domicile: CK Part II Summary 1 Briefly describe the organization's mission or most significant activities: ASSIST IN DEVELOPING CHILDCARE & 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 100 Ta total number of volunteres (estimate if necessary) 6 10 7 a total number of volunteres (estimate if necessary) 6 10 1 1.129,1977. 1.129,198. 9 Pogram service revenue (Part VIII, line 1h) 590,154. 0. 0. 0. 0. 0. 9 Pogram service revenue (Part VIII, column (A), lines 1.4, and 7d) 1.78,981.		Ition	^{ca-} F Name and address of principal officer: BRENT JOHNSON		for subordinates	? Yes X No
J Website: WWW.TULSACHILDRENSCOALITION.ORG H(c) Group exemption number K Form of organization: Corporation Trust Association Other L Year of formation: 1991 M State of legal domicile: OK Part II Summary Iter of organization: Association Other L Year of formation: 1991 M State of legal domicile: OK Part II Summary Iter of organization: Association Other L Year of formation: 1991 M State of legal domicile: OK Part II Summary Iter of ordigendent voting members of the governing body (Part VI, line 1a) Association of the organization of a sociation of the governing body (Part VI, line 1a) 3 8 3 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 0 6 100 6 Total number of volunteers (estimate if necessary) Ford number of volunteers (estimate if necessary) 7 7 1,129,197. 1,129,198. 0			SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
K Form of organization: X Corporation Trust Association Other L Year of formation: 1991 M State of legal domicile: OK Part I Summary 1 Briefly describe the organization's mission or most significant activities: ASSIST IN DEVELOPING CHILDCARE & EARLY CHILDHOOD EDUCATIONAL SERVICES IN TULSA, OKLAHOMA. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 8 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 0 6 Total number of individuals employed in calendar year 2022 (Part VI, line 2a) 5 0 7 Total number of individuals employed from Form 909.T, Part I, line 11 7a 0. 0 9 Porgram service revenue (Part VIII, column (C), line 12 7a 0. 0 0 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1 78, 981. 90, 404. 1 1 78, 981. 90, 404. 0. 0. 0. 0 0 0 0 0 0 0 0	1	Tax-ex		(1) or 📃 5	If "No," attach a	list. See instructions
Part I Summary 1 Briefly describe the organization's mission or most significant activities: EARLY CHILDHOOD EDUCATIONAL SERVICES IN TULSA, OKLAHOMA. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 8 5 Total number of independent voting members of the governing body (Part VI, line 1b) 4 8 6 Total number of volunteers (estimate if necessary) 6 10 7a Total nurelated business revenue from Part VIII, column (C), line 12 7a 0. 9 Program service revenue (Part VIII, line 1h) 590, 154. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 17.8, 981. 90, 404. 10 Onestines of the column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10) 0. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.<						
9 1 Briefly describe the organization's mission or most significant activities: ASSIST IN DEVELOPING CHILDCARE & EARLY CHILDHOOD EDUCATIONAL SERVICES IN TULSA, OKLAHOMA. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 10 6 Total number of volunteers (estimate if necessary) 6 10 7 Total number of volunteers (estimate if necessary) 7a 0. 7 Total number of volunteers (estimate if necessary) 7b 0. 7 Total number of volunteers (estimate if necessary) 7b 0. 7 Total number of uppendent volin, line 20 1, 129, 197. 1, 129, 198. 9 Program service revenue (Part VIII, line 1h) 590, 154. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 129, 198. 178, 981. 90, 404. 11 Other revenue (Part VIII, column (A), line				L Ye	ar of formation: 1991 N	State of legal domicile: OK
Barly CHILDHOOD EDUCATIONAL SERVICES IN TULSA, OKLAHOMA. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of independent voting members of the governing body (Part VI, line 1a) 5 00 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 10 6 Total number of volunteers (estimate if necessary) 6 10 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 9 Program service revenue (Part VIII, line 3, 4, and 7d) 1, 129, 197. 1, 129, 197. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17, 8, 981. 90, 404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total evenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)	P	art I				
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. B Contributions and grants (Part VIII, line 1h) 90, 154. 0. 9 Program service revenue (Part VIII, line 2g) 1, 129, 197. 1, 129, 197. 1, 129, 198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178, 981. 90, 404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 18 Total fundraising expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 0. 19 Revenue less expenses. Subtract line 18 from line 12	e	1				CHILDCARE &
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. B Contributions and grants (Part VIII, line 1h) 90, 154. 0. 9 Program service revenue (Part VIII, line 2g) 1, 129, 197. 1, 129, 197. 1, 129, 198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178, 981. 90, 404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 18 Total fundraising expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 0. 19 Revenue less expenses. Subtract line 18 from line 12	anc					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. B Contributions and grants (Part VIII, line 1h) 90, 154. 0. 9 Program service revenue (Part VIII, line 2g) 1, 129, 197. 1, 129, 197. 1, 129, 198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178, 981. 90, 404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 18 Total fundraising expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 0. 19 Revenue less expenses. Subtract line 18 from line 12	ern:	2		•	1.1	
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. B Contributions and grants (Part VIII, line 1h) 90, 154. 0. 9 Program service revenue (Part VIII, line 2g) 1, 129, 197. 1, 129, 197. 1, 129, 198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178, 981. 90, 404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 18 Total fundraising expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 0. 19 Revenue less expenses. Subtract line 18 from line 12	No.	3				
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. B Contributions and grants (Part VIII, line 1h) 90, 154. 0. 9 Program service revenue (Part VIII, line 2g) 1, 129, 197. 1, 129, 197. 1, 129, 198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178, 981. 90, 404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 18 Total fundraising expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 0. 19 Revenue less expenses. Subtract line 18 from line 12	~	4				
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 1,129,197. 1,129,198. 90,404. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 615, 193. 2, 664, 380. 2, 615, 193. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778.	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 1,129,197. 1,129,198. 90,404. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 615, 193. 2, 664, 380. 2, 615, 193. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778.	tivit	6				
Prior Year Current Year 9 Program service revenue (Part VIII, line 1h) 590, 154. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 129, 197. 1, 129, 198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 1, 129, 197. 1, 219, 198. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. <th>Ac</th> <td> /a</td> <td></td> <td></td> <td></td> <td></td>	Ac	/a				
8 Contributions and grants (Part VIII, line 1h) 590,154. 0. 9 Program service revenue (Part VIII, line 2g) 1,129,197. 1,129,198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178,981. 90,404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,898,332. 1,219,602. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 0. 2, 615, 193. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36		4	The unrelated business taxable income from Form 990-1, Part 1, line 11			
9 Program service revenue (Part VIII, line 2g) 1,129,197. 1,129,197. 1,129,198. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178,981. 90,404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,898,332. 1,219,602. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 2,615,193. 2,664,380. 19 Revenue less expenses. Subtract line 18 from line 12 -716,861. -1,444,778. 19 Revenue less expenses. Subtract line 18 from line 12 -716,861. -1,444,778. 19 Revenue less expenses. Subtract line 21 from line 20 31,651,482. 28,		8	Contributions and grants (Part VIII, line 1b)	-		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,898,332. 1,219,602. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 615, 193. 2, 664, 380. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36, 546, 857. 33, 193, 302. 21 Total liabilities (Part X, line 26) 4, 895, 375. 4, 356, 080. 22 Net assets or fund balances. Subtract line 21 from line 20 31, 651, 482. 28, 837, 222.	anc	9				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,898,332. 1,219,602. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 615, 193. 2, 664, 380. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36, 546, 857. 33, 193, 302. 21 Total liabilities (Part X, line 26) 4, 895, 375. 4, 356, 080. 22 Net assets or fund balances. Subtract line 21 from line 20 31, 651, 482. 28, 837, 222.	leve	10				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,898,332. 1,219,602. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 0.	ă	11				
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 615, 193. 2, 664, 380. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. -716, 861. -1, 444, 778. 19 Revenue less expenses. Subtract line 18 from line 12 716, 861. -1, 444, 778. -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36, 546, 857. 33, 193, 302. 4, 895, 375. 4, 356, 080. 21 Total liabilities (Part X, line 26) 31, 651, 482. 28, 837, 222.		12			1,898,332.	1,219,602.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 615, 193. 2, 664, 380. 2, 664, 380. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 2, 615, 193. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36, 546, 8577. 33, 193, 302. 21 Total liabilities (Part X, line 26) 4, 895, 375. 4, 356, 080. 22 Net assets or fund balances. Subtract line 21 from line 20 31, 651, 482. 28, 837, 222.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 615, 193. 2, 664, 380. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 615, 193. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36, 546, 857. 33, 193, 302. 21 Total liabilities (Part X, line 26) 4, 895, 375. 4, 356, 080. 22 Net assets or fund balances. Subtract line 21 from line 20 31, 651, 482. 28, 837, 222.		14			0.	0.
17 Other expenses (rart X, column (A), lines Tra Ttd, Ttd 24e) 2701371301 2700177001 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 2, 615, 193. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36, 546, 857. 33, 193, 302. 21 Total liabilities (Part X, line 26) 4, 895, 375. 4, 356, 080. 22 Net assets or fund balances. Subtract line 21 from line 20 31, 651, 482. 28, 837, 222.	ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	0.	0.
17 Other expenses (rart X, column (A), lines Tra Ttd, Ttd 24e) 2701371301 2700177001 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 2, 615, 193. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36, 546, 857. 33, 193, 302. 21 Total liabilities (Part X, line 26) 4, 895, 375. 4, 356, 080. 22 Net assets or fund balances. Subtract line 21 from line 20 31, 651, 482. 28, 837, 222.	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (rart X, column (A), lines Tra Ttd, Ttd 24e) 2701371301 2700177001 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 2, 615, 193. 2, 664, 380. 19 Revenue less expenses. Subtract line 18 from line 12 -716, 861. -1, 444, 778. 20 Total assets (Part X, line 16) 36, 546, 857. 33, 193, 302. 21 Total liabilities (Part X, line 26) 4, 895, 375. 4, 356, 080. 22 Net assets or fund balances. Subtract line 21 from line 20 31, 651, 482. 28, 837, 222.	g	. ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
19 Revenue less expenses. Subtract line 18 from line 12 -716,861. -1,444,778. bigg Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36,546,857. 33,193,302. 21 Total liabilities (Part X, line 26) 4,895,375. 4,356,080. 22 Net assets or fund balances. Subtract line 21 from line 20 31,651,482. 28,837,222.	Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36,546,857. 33,193,302. 21 Total liabilities (Part X, line 26) 4,895,375. 4,356,080. 22 Net assets or fund balances. Subtract line 21 from line 20 31,651,482. 28,837,222.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
20 Total assets (Part X, line 16) 36,546,857. 33,193,302. 21 Total liabilities (Part X, line 26) 4,895,375. 4,356,080. 22 Net assets or fund balances. Subtract line 21 from line 20 31,651,482. 28,837,222.		_	Revenue less expenses. Subtract line 18 from line 12			
	s or					
	sset	20		·····		
	st As	21				
					31,651,482.	28,837,222.

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	Signature of officer			Date	
Here	BRENT JOHNSON, BOARD PRES	IDENT			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	QUINN DUGAN	QUINN DUGAN			P02267768
Preparer	Firm's name WIPFLI LLP			Firm's EIN 39-	0758449
Use Only	Firm's address PO BOX 8700				
	MADISON, WI 53708	-8700		Phone no.608.	274.1980
May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.			Form 990 (2022)

Form	TULSA_CHILDREN'S_COALITION, INC. 73-1396144 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF TULSA CHILDREN'S COALITION, INC. IS TO ASSIST IN
	DEVELOPING CHILDCARE AND EARLY CHILDHOOD EDUCATIONAL SERVICES IN
	TULSA, OKLAHOMA.
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," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
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 \$ 2,462,039. including grants of \$ 0.) (Revenue \$ 1,129,198.) TULSA CHILDREN'S COALITION, INC. (TCC) ACTS AS A REAL ESTATE HOLDING
	COMPANY TO ASSIST NONPROFIT ORGANIZATIONS IN TULSA IN OBTAINING
	FACILITIES IN WHICH TO OPERATE CHILDCARE AND EARLY CHILDHOOD EDUCATION
	PROGRAMS. TO THIS END, TCC ACQUIRES OR LEASES FACILITIES, WHICH IT THEN
	LEASES OR SUBLEASES TO NONPROFIT ORGANIZATIONS FOR USE IN THEIR
	CHILDCARE OR EARLY CHILDHOOD EDUCATIONAL PROGRAMS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	
4.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u></u>	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,462,039.
4e	Total program service expenses 2,462,039. Form 990 (2022
23200	2 12-13-22

2 2022.05000 TULSA CHILDREN'S COALITIO 96255__1

Form	990	(2022)
	330	

 Form 990 (2022)
 TULSA CHILDREN'S COALITION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		_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		<u>X</u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	x	
h	Part VI	<u>11a</u>	-	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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			
•	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	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		<u>X</u>
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	0000	X
232003	12-13-22	Form	990 (2022)

232003 12-13-22

2022.05000 TULSA CHILDREN'S COALITIO 96255__1

3

Form	990	(2022)

 Form 990 (2022)
 TULSA CHILDREN'S COALITION, INC.
 73-1396144
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			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
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	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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
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		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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	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 line 28a or 28b? If	200		
Ŭ	"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			
00	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			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	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			
04		34		x
35a	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	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?			
00	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			
07	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 on Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
	Nates All Forms 000 filese are required to consolite Ochoglubs O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22			(2022)
	4			,/

14551010 147695 96255

2022.05000 TULSA CHILDREN'S COALITIO 96255__1

Form	990 (2022) TULSA CHILDREN'S COALITION, INC. 73-1396	144	Pa	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
u	any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
	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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
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		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
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			
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		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "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		Х
	If "Yes," see the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

5

Form **990** (2022)

Form 9	990 ((2022)
--------	-------	--------

73-1396144 Page 6

X

 Form 990 (2022)
 TULSA CHILDREN'S COALITION, INC.
 73-1396144
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

	5 7 5								
		اه		Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a	8							
	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.	8							
b	Enter the number of voting members included on line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		2		х				
~	officer, director, trustee, or key employee?								
3	of officers trustees or loss employees to a menorement component extension								
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<u>3</u> 4	X	x				
5			5		X				
6	Did the experience have members as stackholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
74	more members of the governing body?		7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		14						
	persons other than the governing body?		7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
		,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		<u>10b</u> 11a	х					
11a	Ia Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a									
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
40	on Schedule O how this was done		12c	X X					
13	Did the organization have a written whistleblower policy?		13 14	X					
14 15	Did the organization have a written document retention and destruction policy?		14	- 11					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The exemplection's CEO. Executive Director, or ten menagement official		15a		Х				
	Other officers or key employees of the organization		15b		X				
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed OK								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501)	(c)(3)s	only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	/, and	financ	cial					
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								
	<u>MICHAEL MADSEN - 918-728-8198</u> 5330 E. 31ST STREET, SUITE 300, TULSA, OK 74135								
030000	3350 E. SISI SIREEI, SOIIE 500, IOLSA, OK 74155		Form	990	(2022)				
-02006	6				(2022)				

2022.05000 TULSA CHILDREN'S COALITIO 96255__1

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRENT JOHNSON	1.00									
BOARD PRESIDENT		Х		X				0.	0.	0.
(2) MICHELLE BERGWALL	1.00									
BOARD VICE PRESIDENT		х		X				0.	0.	0.
(3) RICHARD JACKSON	1.00			_ _				_	_	
BOARD VICE PRESIDENT (END 11/22)	- 1	Х		X				0.	0.	0.
(4) MANFRED UEKERMANN	1.00			_ _				_	_	
BOARD SECRETARY/TREASURER	1 00	Х		X				0.	0.	0.
(5) BOB HARBISON	1.00	37								0
DIRECTOR	1 0 0	Х						0.	0.	0.
(6) DEREK MARTIN	1.00	v							0	
DIRECTOR	1.00	Х				<u> </u>		0.	0.	0.
(7) JAMES C. ORBISON DIRECTOR	1.00	x						0.	0.	0.
(8) BRENDA ROYAL	1.00	~				-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) BUD SARTAIN	1.00									
DIRECTOR		х						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
	1	I	1	1	I	1		1		000

7

232007 12-13-22

Form 990 (2022)

Form 990 (2022) TULSA CH		73-13	3961	44	Pa	ge 8							
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) any				than o s both r/trust	ne an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	in I S	Esti amo o comp		f
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	;C/	orga and	m the nizatic relate nizatio	on d
										_			
1b Subtotal								0.		0.			0.
 c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 			<u></u>					0 • 0 • cceived more than \$100,	000 of reportable	0.			0. 0. 0
 compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 	-			•	-		Ŭ				3		No X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	im of reportabl),000? <i>If</i> "Yes,	e co " <i>coi</i>	mpe <i>mple</i>	ensat ete S	tion Sche	and <i>dule</i>	oth J fa	er compensation from t	he organization		4		x
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest con the examination Dependent companyation for the	mpensated ind	leper	nder	nt co	ontra	ictor	s th	nat received more than \$	100,000 of comp		5 on from		<u>X</u>
the organization. Report compensation for (A) (A) Name and business MEYERS-CHERRY CONSTRUCTIO	address							(B) Description of s		Co	(C) mpens		
STREET, BROKEN ARROW, OK 74011SERVICESCOMMUNITY ACTION PROJECT OF TULSA COUNTY,5330 E. 31ST STREET, SUITE 300, TULSA, OKMANAGEMENT SERVICES										<u>627</u> 108			
2 Total number of independent contractors (in \$100,000 of compensation from the organized structure)	•	ot lin	nited	l to t	hos 2		ed	above) who received m	ore than	F	orm 9	90 (20	022)

232008 12-13-22

Pa	rt V	VIII	Statement of Re	venu	le						
			Check if Schedule O	conta	ins a resp	onse	or note to any line		(D)	(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
S, G		с	Fundraising events		1c						
Sift: ar /		d	Related organizations		1d						
imil		е	Government grants (contr	ibutio	ons) 1e						
tion sr S		f	All other contributions, gifts,	grants	s, and						
ibu			similar amounts not included	above							
ontr od C		g	Noncash contributions included in	lines 1a	a-1f 1g	\$					
a C		h	Total. Add lines 1a-1f								
							Business Code				
ce	2	a	RENTAL INCOME				531120	1,129,198.	1,129,198.		
ervi		b									
n Sí		С									
Jran Rev		d									
Program Service Revenue	1	е									
д.			All other program service					1 1 2 0 1 0 9			
		g	Total. Add lines 2a-2f					1,129,198.			
	3	•	Investment income (incluc other similar amounts)	-				239,613.			239,613.
	4	1	Income from investment c				racaada	200,010.			
	5		Royalties		•	•	1				
	5	,	noyanies		(i) Rea		(ii) Personal				
	6	a	Gross rents	6a	()		(
	ľ	b	Less: rental expenses	6b							
		c	Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Securi		(ii) Other				
	-	-	assets other than inventory	7a	2,908,	537.					
		b	Less: cost or other basis								
е				7b	3,057,	746.					
ent		с			-149,						
Revenue			Net gain or (loss)					-149,209.			-149,209.
-	8	a	Gross income from fundraisin	ng eve	nts (not						
Othe			including \$								
			contributions reported on	line 1	c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fundr	aising eve	nt <u>s</u>					
	9	a	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
		С	Net income or (loss) from	gamir	ng activitie	s					
	10	a	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of invento	ory					
SI							Business Code				
Miscellaneous Revenue	11	a									
scellaneo Revenue		b									
Sce		c									
Miš			All other revenue								
	40		Total. Add lines 11a-11d					1,219,602.	1,129,198.	0.	90,404.
	12	2-13-	Total revenue. See instructio	. צוונ				1,217,002.	<u> </u>	I ⁰ .	Form 990 (2022)

TULSA CHILDREN'S COALITION, INC.

Form 990 (2022)

9

73-1396144 Page 9

 Form 990 (2022)
 TULSA CHILDREN'S COALITION, INC.
 73-1396144
 Page 10

 Part IX
 Statement of Functional Expenses
 73-1396144
 Page 10

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9					
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	108,000.		108,000.	
а	Management	100,000.		100,000.	
b	Legal	10 000		10 000	
С	Accounting	10,900.		10,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	F0 001		50.001	
f	Investment management fees	58,281.		58,281.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	4,200.		4,200.	
12	Advertising and promotion				
13	Office expenses	2,067.		2,067.	
4	Information technology				
15	Royalties				
6	Occupancy	351,810.	351,810.		
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	160,118.	160,118.		
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,830,586.	1,830,586.		
3	Insurance	121,317.	119,525.	1,792.	
.3 24	Other expenses. Itemize expenses not covered	,••	, • _ • •	_,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.)	16,843.		16,843.	
a L		10,043.		10,043.	
b					
С					
d		250		250	
	All other expenses	258.	2 4 6 2 2 2 2	258.	
5	Total functional expenses. Add lines 1 through 24e	2,664,380.	2,462,039.	202,341.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

232010 12-13-22

Form **990** (2022)

Form 990 (2022)

Part X Balance Sheet

73-1396144 Page 11

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		141,084.	1	105,129.
	2	Savings and temporary cash investments		916,634.	2	869,685.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,365.	4	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these pe			5	
	6	Loans and other receivables from other disqualified p				
		under section 4958(f)(1)), and persons described in s			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9			78,762.	9	131,655.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10	a 42,418,859.			
	b	Less: accumulated depreciation 10		25,132,518.	10c	23,825,477.
	11	Investments - publicly traded securities		10,274,494.	11	8,261,356.
	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			15	
	16	Total assets. Add lines 1 through 15 (must equal line		36,546,857.	16	33,193,302.
	17	Accounts payable and accrued expenses	131,612.	17	12,158.	
	18	Grants payable		18		
	19	Deferred revenue	367,225.	19	348,276.	
	20				20	
	21	Escrow or custodial account liability. Complete Part			21	
S	22	Loans and other payables to any current or former of	ficer, director,			
Liabilities		trustee, key employee, creator or founder, substantia	Il contributor, or 35%			
lide		controlled entity or family member of any of these pe			22	
Ľ	23	Secured mortgages and notes payable to unrelated t		4,396,538.	23	3,995,646.
	24	Unsecured notes and loans payable to unrelated thir			24	
	25	Other liabilities (including federal income tax, payable	-			
		parties, and other liabilities not included on lines 17-2				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		4,895,375.	26	4,356,080.
		Organizations that follow FASB ASC 958, check h	ere X			
sec		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		30,056,819.	27	27,820,147.
Bal	28	Net assets with donor restrictions		1,594,663.	28	1,017,075.
pu		Organizations that do not follow FASB ASC 958, o	heck here			
Ľ.		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid in or capital surplus, or land, building, or equipn			30	
As	31	Retained earnings, endowment, accumulated income			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		31,651,482.	32	28,837,222.
	33	Total liabilities and net assets/fund balances		36,546,857.	33	33,193,302.

Form 990 (2022)

	1990 (2022) TULSA CHILDREN'S COALITION, INC.	73-1	396144	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	·····					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,219				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,664				
3	Revenue less expenses. Subtract line 2 from line 1	-1,444					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,651				
5	Net unrealized gains (losses) on investments	5	-1,369	9,48	82.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	28,83	7,22	22.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		·····				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a 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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000			

Form **990** (2022)

232012 12-13-22

SCHEDULE A	Dublic Oberits Obstans and Dublic Osma art	OMB No. 1545-0047							
(Form 990)	Public Charity Status and Public Support	クロクク							
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2022							
Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public							
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection							
Name of the organization Employer ider									
Dort Doooo	TULSA CHILDREN'S COALITION, INC.	73-1396144							
	n for Public Charity Status. (All organizations must complete this part.) See instruction	15.							
<u> </u>	t a private foundation because it is: (For lines 1 through 12, check only one box.)								
	convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
	or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
	research organization operated in conjunction with a hospital described in section 170(b)(1)(A	()(III). Enter the nospital's name,							
city, and s									
	ation operated for the benefit of a college or university owned or operated by a governmental u 70(b)(1)(A)(iv). (Complete Part II.)	init described in							
	state, or local government or governmental unit described in section 170(b)(1)(A)(v). ation that normally receives a substantial part of its support from a governmental unit or from th	he general public described in							
	o(b)(1)(A)(vi). (Complete Part II.)	ne general public described in							
	ity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
	ural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	a land-grant college							
	y or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of								
university:									
		hip fees, and gross receipts from							
-	elated to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it								
	d unrelated business taxable income (less section 511 tax) from businesses acquired by the or								
See section	n 509(a)(2). (Complete Part III.)								
11 🗌 An organiz	ation organized and operated exclusively to test for public safety. See section 509(a)(4).								
12 🗌 An organiz	ation organized and operated exclusively for the benefit of, to perform the functions of, or to ca	arry out the purposes of one or							
more publi	cly supported organizations described in section 509(a)(1) or section 509(a)(2). See section	509(a)(3). Check the box on							
lines 12a ti	nrough 12d that describes the type of supporting organization and complete lines 12e, 12f, and	1 12g.							
a 📃 Type I. A	supporting organization operated, supervised, or controlled by its supported organization(s), t	ypically by giving							
the supp	orted organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the supporting							
organiza	tion. You must complete Part IV, Sections A and B.								
b Type II.	A supporting organization supervised or controlled in connection with its supported organizatio	on(s), by having							
control c	r management of the supporting organization vested in the same persons that control or mana	ge the supported							
organiza	tion(s). You must complete Part IV, Sections A and C.								
c 🔄 Type III	unctionally integrated. A supporting organization operated in connection with, and functiona	lly integrated with,							
its suppo	orted organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
	non-functionally integrated. A supporting organization operated in connection with its support	e ()							
	ot functionally integrated. The organization generally must satisfy a distribution requirement and	d an attentiveness							
	ent (see instructions). You must complete Part IV, Sections A and D, and Part V.								
e Check th	is box if the organization received a written determination from the IRS that it is a Type I, Type	II, Type III							

functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).										
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other				
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
		above (see instructions))								
Total										

Schedule A (Form 990) 2022

TULSA CHILDREN'S COALITION, INC.

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	645,791.	1232563.	492,632.	590,154.	0.	2961140.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	645,791.	1232563.	492,632.	590,154.		2961140.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						2961140.		
Se	ction B. Total Support	•			•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	645,791.	1232563.	492,632.	590,154.		2961140.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	119,401.	114,628.	78,952.	180,803.	239,613.	733,397.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						3694537.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 5	,600,523.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and stop								
See	ction C. Computation of Publi								
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	80.15 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	86.24 %		
16 a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box		
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s		
						Schedule A	(Form 990) 2022		

232022 12-09-22

7

Schedule A (Form 990) 2022 TULSA CHILDREN'S COALITION, IN Part III Support Schedule for Organizations Described in Section 509(a)(2) INC.

(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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
k	3 received from disqualified persons 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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on 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	-			-		
0	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2022 (15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	•			no 12 octumn (f)		17	0/
	Investment income percentage for 2 Investment income percentage from					17	<u>%</u> %
	a 33 1/3% support tests - 2022. If the						
.56	more than 33 1/3%, check this box a						
Ł	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
2320	23 12-09-22		15			Sche	dule A (Form 990) 2022

2022.05000 TULSA CHILDREN'S COALITIO 96255_1

TULSA CHILDREN'S COALITION, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

16

232024 12-09-22

Schedule A (Form 990) 2022

TULSA CHILDREN'S COALITION, INC. 73-1396144 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy	the Integral Part Test d	uring the year (see instruc	tions).
	Check the box next to the method that the orga	anization used to satisfy	the Integral Part Test di	uring the year (see ins	struc

- 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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 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 on 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

1

14551010 147695 96255

17 2022.05000 TULSA CHILDREN'S COALITIO 96255_1

Sche	dule A (Form 990) 2022 TULSA CHILDREN'S COALIT:	ION,	INC.	73-1396144 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting a	organization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022 TULSA CHILDREN'S COALITION, INC.

COALITION, INC. 73-1396144 Page 7

га		allol Supporting Orga	inzations (continu	ied)	
Secti	on D - Distributions		1		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	TULSA	CHILDREN'S	COALITION,	INC.	73-1396144 Page 8
Part VI	Supplemental In Part IV, Section A, Iir line 1; Part IV, Section Section D, lines 5, 6,	nes 1, 2, 3b, 3c, 4l on D, lines 2 and 3	o, 4c, 5a, 6, 9a, 9b, 90 ; Part IV, Section E, li	c, 11a, 11b, and 11c; nes 1c, 2a, 2b, 3a, and	Part IV. Section B. line	t or 17b; Part III, line 12; is 1 and 2; Part IV, Section C, it V, Section B, line 1e; Part V, tional information.
	(See instructions.)					
232028 12-09-2	2			20		Schedule A (Form 990) 2022

20 2022.05000 TULSA CHILDREN'S COALITIO 96255__1

	HEDULE D n 990)	Complete if the orga	al Financial Statement nization answered "Yes" on Form 990	,		0	MB No. 15	45-0047 22
	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ttach to Form 990.				Open to	
	al Revenue Service		0 for instructions and the latest inform	hation.	Inspection Employer identification number			
- turn		TULSA CHILDREN'S CO	DALITION, INC.				13961	
Pa		ations Maintaining Donor Advise		s or Ac	counts.	Com	plete if th	e
	organizatio	n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	(b) Funds a	nd oth	er accour	nts
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4 5	Aggregate value at	t end of year on inform all donors and donor advisors in v	L writing that the assets held in donor advi	l isod fund	le			
Ŭ	-	on's property, subject to the organization's	-				Yes	No
6		on inform all grantees, donors, and donor a				—		
		oses and not for the benefit of the donor o						
	impermissible priv						Yes	No No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV,	line 7.			
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·					
		of land for public use (for example, recrea			• •			
		f natural habitat	Preservation of	of a certif	fied historic	c struc	ture	
2		n of open space through 2d if the organization held a qualif	fied conservation contribution in the form	of a cor	recryption	oasom	ent on th	alast
2	day of the tax year	c c .						e Tax Year
а					2a			
b					2b			
с	-	vation easements on a certified historic stru			2c			
d		vation easements included in (c) acquired a						
	historic structure li	isted in the National Register			2d			
3	Number of conservent	vation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organiz	zation durir	ng the	tax	
	year							
4		where property subject to conservation eas		-				
5	-	tion have a written policy regarding the per	halda0				X	
6	,	orcement of the conservation easements it r hours devoted to monitoring, inspecting,				∟ te duri] Yes	No No
0		a nours devoted to monitoring, inspecting,	rianding of violations, and emoteing cor	ISEI VALIOI	n easemen	its uur	ing the ye	ai
7	Amount of expens	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserv	ation eas	sements du	ırina th	ne vear	
			5			5	,	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170	0(h)(4)(B)((i)			
	and section 170(h))(4)(B)(ii)?					Yes	🗌 No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expension	e statem	ent and			
		d include, if applicable, the text of the footr	note to the organization's financial staten	nents tha	at describes	s the		
Da		ounting for conservation easements. ations Maintaining Collections of	Art Historical Treasures or O	thor Si	imilar Ac	eate		
ı a		f the organization answered "Yes" on Form				55015	•	
1a		elected, as permitted under FASB ASC 95		and hala	ince sheet	works		
14	-	easures, or other similar assets held for put						
		Part XIII the text of the footnote to its finar						
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	sheet wor	ks of		
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in fur	therance	of public s	service	·,	
	provide the followi	ng amounts relating to these items:						
		ded on Form 990, Part VIII, line 1						
		ed in Form 990, Part X						
2	e e	received or held works of art, historical tre		al gain, p	provide			
	-	unts required to be reported under FASB A	-		^			
a h		on Form 990, Part VIII, line 1						
u	Masers included IN	Form 990, Part X			Φ			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
232051 09-01-22					
	21				

14551010 147695 96255

4 4					
2022.05000	TULSA	CHILDREN'S	COALITIO	96255_	_1

Sche		HILDREN'S				73-1	L39614	4 Pa	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or	Other Si	milar Ass	ets _{(contin}	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that n	nake signifi	cant use of i	ts		
	collection items (check all that apply):								
а	Public exhibition	c	l 📃 Loan or ex	change program	n				
b	Scholarly research	e	• 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	n how they further t	the organization	's exempt p	ourpose in P	art XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	asures, or other	similar asse	ets			_
_	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Y	es" on Fori	m 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								-
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		Г		A		
					ŀ		Amoun	τ	
	Beginning balance								
	Additions during the year					1d			
e	Distributions during the year					1e			
T Oo	Ending balance Did the organization include an amount on F					1f	Yes		No
	If "Yes," explain the arrangement in Part XIII				-				
Par									
	Complete	(a) Current year	(b) Prior year	(c) Two years		Three vears ba	ick (e) Fou	r vears	back
1a	Beginning of year balance					,		,	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	-	_%						
b	Permanent endowment	%							
с	Term endowment	_%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered	d for the				
	organization by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization			•			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Fai	t VI Land, Buildings, and Equipn		Dout IV line 110		Dout V line	10			
	Complete if the organization answere						(
	Description of property	(a) Cost or o basis (investr	• • •	st or other s (other)	(c) Accur deprec		(d) Boo	к value	e
	Land		,	01,415.	deprec		10	1,43	15
	Land				10,483	3 140	16,09		
b	Buildings			05,444.		3,140. 3,036.	6,41		
	Leasehold improvements			27,315.		7,206.	$\frac{0,41}{1,21}$		
	Equipment		2,02	4,030.	⊥,±⊥,	, 2000		$\frac{0}{4}, 0$	
	Other		V askurat (D) //	· · · · ·			23,82		
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>х, coiumn (В), line</u>	<u>IUC.)</u>			23,02	J, I	

Schedule D (Form 990) 2022

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financi	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		•	
	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Complete if the organization answered "Yes"	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Complete if the organization answered "Yes" (a)	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Complete if the organization answered "Yes" (a)	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Complete if the organization answered "Yes" (a)	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fec (2)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fec (2) (3)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fec (2) (3) (4)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fec (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X 9) Fotal. (Colu Part X (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (9) Fotal. (Colu Part X (1) Fec (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (9) Fotal. (Colu Part X (3) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fec (2) (3) (4) (5) (6) (7) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.

TULSA CHILDREN'S COALITION, INC.

73-1396144 Page 3

14551010 147695 96255

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 TULSA CHILDREN'S COALITION,	INC	•	73-	1396144	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wil	h Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	-208	161.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-1,369,482.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-1,369	482.
3	Subtract line 2e from line 1			3	1,161,	,321.
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	58,281.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		.281.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,219	,602.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per H	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,606	,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		-		
С	Other losses			-		
d	Other (Describe in Part XIII.)	·				0
е	Add lines 2a through 2d			2e	0 606	0.
3	Subtract line 2e from line 1			3	2,606	.099.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		50 001			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,281.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		281.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,664,	380.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

TULSA CHILDREN'S COALITION, INC. (TCC) IS REQUIRED TO ASSESS WHETHER IT IS
MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON
EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING
AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES
NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF
THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. TCC HAS
DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED
TO UNCERTAIN TAX POSITIONS.

232054 09-01-22

Part XIII	Supplemental Information (con	ntinued)	
			Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



TULSA CHILDREN'S COALITION, INC. Employer identification number 73-1396144

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE GENERAL PURPOSE OF THE ORGANIZATION IS TO DEVELOP, IMPLEMENT

ENHANCE, AND ENCOURAGE PROGRAMS, INDIVIDUALLY AND IN SUPPORT,

CONJUNCTION WITH OTHER PUBLIC AND PRIVATE ENTITIES, FOR THE CARE

DEVELOPMENT AND EDUCATION OF CHILDREN IN THE GENERAL PUBLIC TO PREPARE

CHILDREN TO RECEIVE AND OBTAIN MAXIMUM BENEFIT FROM THE SCHOOL SYSTEMS

AND OTHER EDUCATIONAL PROGRAMS AND OPPORTUNITIES, WHETHER NOW EXISTING

OR HEREAFTER ESTABLISHED

FORM 990, PART VI, SECTION A, LINE 3:

TULSA CHILDREN'S COALITION, INC. (TCC) HAS ENTERED INTO A MANAGEMENT SERVICES AGREEMENT WITH COMMUNITY ACTION PROJECT OF TULSA COUNTY (CAP TULSA). UNDER THIS AGREEMENT CAP TULSA MAINTAINS GAAP BASED ACCOUNTING RECORDS AND PREPARES MONTHLY FINANCIAL STATEMENTS FOR TCC. CAP TULSA ALSO PREPARES THE ANNUAL BUDGET WHICH IS APPROVED BY THE TCC BOARD OF DIRECTORS. OTHER CAP TULSA FUNCTIONS INCLUDE SECURING NECESSARY INSURANCE, PERFORMING CASH MANAGEMENT FUNCTIONS, AND PROVIDING CONSTRUCTION MANAGEMENT SERVICES DURING FACILITY CONSTRUCTION RENOVATION, MAINTENANCE, AND REPAIRS. BOTH ORGANIZATIONS ARE EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3).

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF COMMUNITY ACTION PROJECT OF TULSA COUNTY, THE FISCAL MANAGER OF THE ORGANIZATION. THE FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

Schedule O (Form 990) 2022	Page 2			
Name of the organization TULSA CHILDREN'S COALITION, INC.	Employer identification number 73-1396144			
FORM 990, PART VI, SECTION B, LINE 12C:				
IN THE COURSE OF BUSINESS, SITUATIONS MAY ARISE IN WHICH A	N ORGANIZATION			
DECISION-MAKER HAS A CONFLICT OF INTEREST, OR IN WHICH THE	PROCESS OF			
MAKING A DECISION MAY CREATE AN APPEARANCE OF A CONFLICT OF INTEREST. ALL				
DIRECTORS HAVE AN OBLIGATION TO AVOID CONFLICTS OF INTERES	T, OR THE			
APPEARANCE OF CONFLICTS, BETWEEN THEIR PERSONAL INTERESTS	AND THOSE OF			
TULSA CHILDREN'S COALITION, INC. IN DEALING WITH OUTSIDE E	NTITIES OR			
INDIVIDUALS AND MUST DISCLOSE REAL OR APPARENT CONFLICTS O	F INTEREST TO THE			
BOARD OF DIRECTORS. INDIVIDUALS MUST REFRAIN FROM PARTICIP.	ATION IN ANY			
DECISIONS ON MATTERS THAT INVOLVE A REAL CONFLICT OF INTER	EST OR THE			
APPEARANCE OF A CONFLICT.				

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE.

OTHER GOVERNING DOCUMENTS CAN BE MADE AVAILABLE ON REQUEST.

232212 10-28-22