# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Α	For the	e 2023 calendar year, or tax year beginning and e	nding						
<u>—</u> В	Check if applicabl	C Name of organization		D Employer identification number					
	Addre chang	TULSA CHILDREN'S COALITION, INC.							
	Name chang			73-1396144					
	Initial return Final	5330 F 31 QT QTPFFT 2	loom/suite	E Telephone numbe 918-728-					
	return, termin ated		G Gross receipts \$	2,910,0	89.				
	Ameno return	ded mitt ga or 7/125		H(a) Is this a group re					
	Applic tion	F Name and address of principal officer: BRENT JOHNSON		for subordinates		No			
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in		No			
L	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions	3			
	Websi			H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year o	of formation: $1991$ $ m  extbf{ iny}$	State of legal domicil	e: OK			
P	art I	Summary							
a	1	Briefly describe the organization's mission or most significant activities: ASSIS			CHILDCARE &	<u> </u>			
anc		EARLY CHILDHOOD EDUCATIONAL SERVICES IN TU							
ern	2	Check this box if the organization discontinued its operations or dispose			sets. I	٥			
Š	3			3		<u>9</u> 9			
æ	4	Number of independent voting members of the governing body (Part VI, line 1b)				0			
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)				<del></del> 9			
Activities & Governance	72	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12				0.			
A	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.			
	<del>  ~</del>	Not different business taxable income from 1000 1,1 art 1, line 11		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	100,0	00.			
	9	Program service revenue (Part VIII, line 2g)		1,129,198.	1,293,7				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		90,404.	952,5				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	_	0.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,219,602.	2,346,3	44.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		0.		0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.			
XDe	b		0.	2 554 222	0.654.5	1.0			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,664,380.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,664,380.	2,651,5				
	19	Revenue less expenses. Subtract line 18 from line 12		-1,444,778.	-305,1 End of Year	/4.			
t Assets or		T		33,193,302.	33,074,8	62			
SSe	20	Total assets (Part X, line 16)		4,356,080.	3,467,6				
let/	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		28,837,222.	29,607,2				
P	art II	Signature Block		20,037,222.	25,001,2	<u> </u>			
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	/ knowledge and belief.	it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whic		•	,,				
	<i></i>								
Sig	jn	Signature of officer		Date					
He		BRENT JOHNSON, BOARD PRESIDENT							
		Type or print name and title							
		PTIN							
Pai	d	QUINN DUGAN QUINN DUGAN	1	1/12/24 self-employ		8			
Pre	parer	Firm's name WIPFLI LLP Firm's address 2501 W BELTLINE HWY, STE 501		Firm's EIN 3	9-0758449				
Use									
		MADISON, WI 53713		Phone no. 60	8.274.1980				
Ma	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes	No			

Pai	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Pal	t III
1		
	THE MISSION OF TULSA CHILDREN'S COALITY	ON, INC. IS TO ASSIST IN
	DEVELOPING CHILDCARE AND EARLY CHILDHOO	DD EDUCATIONAL SERVICES IN
	TULSA, OKLAHOMA.	
	·	
2	2 Did the organization undertake any significant program services during the y	ear which were not listed on the
_	prior Form 990 or 990-EZ?	
	If "Yes." describe these new services on Schedule O.	
3		conducts, any program services?
3	If "Yes," describe these changes on Schedule O.	conducts, any program services:
		Alexandra Instrumental and a service of the service
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amou	nt of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	0 \ \ 1 202 766 \
4a	·	0.) (Revenue \$ 1,293,766.)
		ACTS AS A REAL ESTATE HOLDING
	COMPANY TO ASSIST NONPROFIT ORGANIZATION	
	FACILITIES IN WHICH TO OPERATE CHILDCAN	
	PROGRAMS. TO THIS END, TCC ACQUIRES OR	
	LEASES OR SUBLEASES TO NONPROFIT ORGAN	
	CHILDCARE OR EARLY CHILDHOOD EDUCATION	AL PROGRAMS.
4b	<b>4b</b> (Code:) (Expenses \$ including grants of \$ _	) (Revenue \$)
4c	1c (Code:) (Expenses \$ including grants of \$	/Revenue \$
	/ Code / (Expenses # medang grans or # _	
	-	
	-	
	-	
	14 Other program conjects (Describe on Schodule O.)	
4d		) (2
4.	(Expenses \$ including grants of \$  1e Total program service expenses 2,448,570.	) (Revenue \$
4e	<b>1e</b> Total program service expenses 2,448,570.	Form <b>990</b> (2023)
		Form <b>330</b> (2023)

## Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
Ü	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			<b>.</b>
	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		<u> </u>
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		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	990 (2023) TULSA CHILDREN'S COALITION, INC.	73-13963	144	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)				
		ſ		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or	I			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization	tion's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," Co	omplete			
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Г			
	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 ber	Г			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pri				
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes				
		′ ′ I	OEL		x
00	Schedule L, Part I		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curre	nt			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				v
	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, ke				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Scheo	· · · · · · · · · · · · · · · · · · ·	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	lf			
	"Yes," complete Schedule L, Part IV		28a		<u> X</u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified con	nservation			
	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," comp	olete			
	Schedule N, Part II		32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	าร			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	Part V, line 1	· · ·	34		х
35a	Did the appropriation have a controlled antity within the appropriate of antity 540/40/0		35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a cont	Г			
_	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 rela				
	If "Yes," complete Schedule R, Part V, line 2	•	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b at	Г	-01		_ <del></del>
30	Notes All Forms 000 flows are required to a small the Och add to O		38	Х	
Par			30	21	
. 41	Check if Schedule O contains a response or note to any line in this Part V				
	Oneon it ochequie o contains a response of flote to any line in this Part v	<u></u>			
_	Establis and the control of the cont	-1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	+ /			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	· · ·		77	
	(gambling) winnings to prize winners?		1c	X	/o.c.= ::
332004	12-21-23		Form	99U (	(2023)

Form 990 (2023) TULSA CHILDREN'S COALITION, INC.

Part 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions are considered as a second s	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			-	X
b			7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_		<b>.</b> .
	to file Form 8282?	l	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g		125
9 h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/		
Ū			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	5111		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
_	organization is licensed to issue qualified health plans	13c	-		
	Enter the amount of reserves on hand  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," <i>provide an explanation on Scheduli</i>		14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		170		
	excess parachute payment(s) during the year?		15		x
	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 act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2023) 332005 12-21-23

TULSA CHILDREN'S COALITION, INC. 73-1396144 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	OK

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Upon request \_\_\_ Other (explain on Schedule O) Another's website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL MADSEN - 918-728-8198

5330 E. 31ST STREET, SUITE 300, TULSA, OK

## 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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	<b>.</b>
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					an tee)	compensation	compensation	amount of
	week (list any		<u> </u>	Ī	1 1			from the	from related organizations	other compensation
	hours for	direct				ļ,		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	lal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	пd	lust	Officer	Key	e Hig	For			
(1) BRENT JOHNSON	1.00	l		l						
BOARD PRESIDENT	1 00	Х		Х		_		0.	0.	0.
(2) MICHELLE BERGWALL	1.00	l		l						
BOARD VICE PRESIDENT	1 00	Х		X		_		0.	0.	0.
(3) MANFRED UEKERMANN	1.00	l		l						
BOARD SECRETARY/TREASURER	1 00	Х		Х		_		0.	0.	0.
(4) CHAS CRAIG	1.00	l								
DIRECTOR	1 00	Х				_		0.	0.	0.
(5) BOB HARBISON	1.00								_	
DIRECTOR	1 00	Х				┝		0.	0.	0.
(6) DEREK MARTIN	1.00								_	
DIRECTOR (THRU DEC 2023)	1 00	Х	_			┝		0.	0.	0.
(7) DAN MAZZEI	1.00	٠,,							_	
DIRECTOR	1 00	Х				<u> </u>		0.	0.	0.
(8) JAMES C. ORBISON	1.00	٠,,							_	_
DIRECTOR	1 00	Х				┝		0.	0.	0.
(9) BRENDA ROYAL	1.00	₹.						_	_	_
OIRECTOR (10) BUD SARTAIN	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
DIRECTOR		Α				$\vdash$		0.	0.	· ·
		1								
						$\vdash$				
		1								
						<del>                                     </del>				
		1								
						$\vdash$				
		1								
		<del>                                     </del>				$\vdash$				
		1								
						$\vdash$				
		1								
						$\vdash$				
		1								
		1				_				

Section A. Onicers, Directors, Trus	stees, Key Emp	JIOY	ees,	and	ı mış	gnes	C	ompensated Employee	s (continued)	$\overline{}$		
(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	compens from the organization and relations	ation he ation ated
										$\dashv$		
		$\square$								$\dashv$		
		$\vdash$								$\dashv$		
										$\dashv$		
										$ \bot $		
		-										
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)									000 of reportable			
compensation from the organization											Yes	0 No
3 Did the organization list any <b>former</b> officer			•	•	•		•		•			Х
line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the s	um of reportabl	le co	mpe	ensa	tion	and	oth	er compensation from t	ne organization		3	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4	X
rendered to the organization? If "Yes," cor					•			•			5	Х
Section B. Independent Contractors									100,000 - (			
1 Complete this table for your five highest compensation. Report compensation for										ensau	ION ITOM	
(A) Name and business	s address							<b>(B)</b> Description of s	ervices	C	(C) ompensatio	on
MEYERS-CHERRY CONSTRUCTION STREET, BROKEN ARROW, OK	-	W.	J	AS:	PE	R	- 1	CONSTRUCTION SERVICES			565,8	80.
COMMUNITY ACTION PROJECT	OF TULS											
5330 E. 31ST STREET, SUI	re 300,	TU:	LS	Α,	0	K	1	MANAGEMENT S	ERVICES		108,0	00.
							$\dashv$					
2 Total number of independent contractors ( \$100,000 of compensation from the organ	•	ot lin	nited	to t	thos	_	ted	above) who received mo	ore than			

			Check if Schedule O contains a respon	SA 0	r note to any lin	e in this Part VIII			
			Officer if Schedule O contains a respon	36 0	Thote to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ıts	1 a	а	Federated campaigns1a						
ran	k	b	Membership dues1b						
G,E	(		Fundraising events1c						
ifts			Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	1	100,000.				
Sir	•		All other contributions, gifts, grants, and						
uti Je		•	similar amounts not included above 1f						
ë₽									
on pu	9	_	Noncash contributions included in lines 1a-1f			100 000			
O B	ľ	h	Total. Add lines 1a-1f			100,000.			
e S				H	Business Code	1 000 566	1 000 566		
	2 8	a	RENTAL INCOME	_	531120	1,293,766.	1,293,766.		
e <u>Š</u>	k	b		_					
Program Service Revenue	(	С		_ L					
am	(	d							
ogr R	•	е							
Pro	f	f	All other program service revenue	_					
			Total. Add lines 2a-2f			1,293,766.			
	3	9_	Investment income (including dividends, int						
	Ü					957,198.			957,198.
			,			737,130.			J J T , I J U •
	4		Income from investment of tax-exempt bon	•					
	5		Royalties	·····					
			(i) Real		(ii) Personal				
	6 a	а	Gross rents 6a						
	k	b	Less: rental expenses 6b						
	(	С	Rental income or (loss) 6c						
	(	d	Net rental income or (loss)						
	7 a	а	Gross amount from sales of (i) Securities	es	(ii) Other				
			assets other than inventory 7a 559, 125	5.					
	k	b	Less: cost or other basis						
<u>e</u>			and sales expenses	5.					
Revenue	,	c	Gain or (loss) 7c -4,620	).					
ev			Net gain or (loss)			-4,620.			-4,620.
F.						1,020.			4,020
ther	8 6	d	Gross income from fundraising events (not						
ð			including \$ of						
			contributions reported on line 1c). See						
			,	8a					
				8b					
	C	С	Net income or (loss) from fundraising event	s .					
	9 a	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
	k	b	Less: direct expenses	9b					
			Net income or (loss) from gaming activities						
			Gross sales of inventory, less returns						
			• •	10a					
	,	h		10b					
			Net income or (loss) from sales of inventory						
	,	<u> </u>	Net income or (loss) from sales of inventory		Business Code				
SL				-	Busiliess Code				
eor Je	11 a			-					
lan en	k	b		-					
Miscellaneous Revenue	(	С							
Mis	•		All other revenue						
_	•	e	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,346,344.	1,293,766.	0.	952,578.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 9 10 Payroll taxes Fees for services (nonemployees): 108,000. 108,000. Management Legal 12,300. 12,300. Accounting Lobbying Professional fundraising services. See Part IV, line 17 52,341. 52,341. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,819. 1,819. Office expenses 13 Information technology 14 Royalties 15 395,476. 395,476. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 177,467. 177,467. 20 Payments to affiliates \_\_\_\_\_ 21 ,743,932. 1,743,932. 22 Depreciation, depletion, and amortization ..... 133,574. 131,695. 1,879. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 25,277. 25,277. LICENSES/PERMITS/FILING d 1,332. 1,332. All other expenses 2,651,518. 2,448,570. 202,948. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Pa	IL A	Balance Sheet						
		Check if Schedule O contains a response or note	to any	y line in this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing	105,129.	1	61,995.			
	2	Savings and temporary cash investments			869,685.	2	880,552.	
	3	Pledges and grants receivable, net		3	100,000.			
	4	Accounts receivable, net		4				
	5	Loans and other receivables from any current or f						
		trustee, key employee, creator or founder, substa	ıntial c	ontributor, or 35%				
		controlled entity or family member of any of these	e perso	ons		5		
	6	Loans and other receivables from other disqualified						
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6		
υ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
ĕ	9	Prepaid expenses and deferred charges			131,655.	9	123,162.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	42,859,184.				
	b	Less: accumulated depreciation	10b	20,337,314.	23,825,477.	10c	22,521,870.	
	11	Investments - publicly traded securities		8,261,356.	11	9,360,076.		
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		15	27,207.			
	16	Total assets. Add lines 1 through 15 (must equal	33,193,302.	16	33,074,862.			
	17	Accounts payable and accrued expenses	12,158.	17	45,743.			
	18	Grants payable	242 256	18	200 200			
	19	Deferred revenue			348,276.	19	329,328.	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete P				21		
es	22	Loans and other payables to any current or former						
Liabilities		trustee, key employee, creator or founder, substa						
<u>ia</u> b		controlled entity or family member of any of these			2 005 646	22	2 000 527	
_	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·	3,995,646.	23	3,092,537.	
	24	Unsecured notes and loans payable to unrelated				24		
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines	17-24).	. Complete Part X				
		of Schedule D			4,356,080.	25	3,467,608.	
	26	Total liabilities. Add lines 17 through 25			4,330,000.	26	3,407,000.	
Ø		Organizations that follow FASB ASC 958, chec	K nere	e X				
nce	07	and complete lines 27, 28, 32, and 33.			27,820,147.	07	28,041,348.	
ala	27				1,017,075.	27 28	1,565,906.	
В В	28	Net assets with donor restrictions			1,017,075	20	1,303,300.	
Ë		Organizations that do not follow FASB ASC 95	o, cne	ck nere				
Net Assets or Fund Balances	29	and complete lines 29 through 33.				29		
şţ	1		Capital stock or trust principal, or current funds					
\ss(	30	Paid-in or capital surplus, or land, building, or equ				30 31		
et A	31	Retained earnings, endowment, accumulated inco			28,837,222.	31	29,607,254.	
ž	32	Total liabilities and not assets/fund balances			33,193,302.	33	33,074,862.	
	33	Total liabilities and net assets/fund balances			JJ, 19J, JUZ.	<b>ა</b> ა	55,074,002.	

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Employer identification number** TULSA CHILDREN'S COALITION, 73-1396144 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 TULSA CHILDREN'S COALITION, INC. 73-1396144 Page 2

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	tion
fails to qualify under the tests listed below, please complete Part III.)	

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1232563.	492,632.	590,154.		100,000.	2415349.
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	1020562	400 600	E00 1E4		100 000	0415240
	Total. Add lines 1 through 3	1232563.	492,632.	590,154.		100,000.	2415349.
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)						0415040
	Public support. Subtract line 5 from line 4.						2415349.
			(1) 2222	( ) (	( )) 0000		<i>(n</i> =
	ndar year (or fiscal year beginning in)	(a) 2019 1232563.	(b) 2020 492,632.	(c) 2021 590, 154.	(d) 2022	(e) 2023 100,000.	(f) Total 2415349.
	Amounts from line 4	1232303.	492,032.	390,134.		100,000.	2413349.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	114 620	70 052	100 002	220 612	957,198.	1571101
_	and income from similar sources	114,628.	78,952.	100,003.	239,013.	937,190.	13/1194.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10						3986543.
	Gross receipts from related activities,	oto (coo instructio	ne)			12 5	,787,819.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	60.59 %
	Public support percentage from 2022					15	80.15 %
	33 1/3% support test - 2023. If the					ore, check this box	
	stop here. The organization qualifies						77
b	33 1/3% support test - 2022. If the		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

## Schedule A (Form 990) 2023 TULSA CHILDREN'S COALITION, IN Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fiscal year beginning in)  1 Giffs, grants, contributions, and membership fees received. (On not include any "unusual grants.")  2 Gross necepts from admissions, more more of the company of the comp	Section A. Public Support	now, please comp	Diete Fart II.)				
1 Gills, grants, contributions, and membership teer received. (Do not include any "unusual grants.") 2 Gross neceipts from admissions, formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose incess under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the organization without change of the organization of the organization without change of the organization organization of the organization organization organization organ	Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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 erganization's trax-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 organization's travescent purpose  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 A mounts included on lines 1,2, and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 4,2 and 4,3 and 4,4 and			, ,	, ,			
2 Gross receipts from admissions, merchandiss add or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended or it	, ,						
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#### 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.)

	Yes	No
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10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion 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 office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	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 instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 ( explain in l	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	ly integrato	d Type III supporting orga	nization (soo

Schedule A (Form 990) 2023

instructions).

Part V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Section I	D - Distributions		•		Current Year
<b>1</b> Am	nounts paid to supported organizations to accomplish exer	npt purposes		1	
<b>2</b> Am	nounts paid to perform activity that directly furthers exemp				
org	ganizations, in excess of income from activity			2	
3 Adı	ministrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
<b>4</b> Am	nounts paid to acquire exempt-use assets			4	
<b>5</b> Qua	alified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6 Oth	her distributions (describe in Part VI). See instructions.			6	
7 Tot	tal annual distributions. Add lines 1 through 6.			7	
8 Dis	stributions to attentive supported organizations to which th	e organization is responsive			
(pro	ovide details in Part VI). See instructions.			8	
9 Dis	stributable amount for 2023 from Section C, line 6			9	
<b>10</b> Line	e 8 amount divided by line 9 amount			10	
Section I	E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
_ <b>1</b> Dis	stributable amount for 2023 from Section C, line 6				
<b>2</b> Und	derdistributions, if any, for years prior to 2023 (reason-				
abl	le cause required - explain in Part VI). See instructions.				
<b>3</b> Exc	cess distributions carryover, if any, to 2023				
<b>a</b> Fro	om 2018				
<b>b</b> Fro	om 2019				
<b>c</b> Fro	om 2020				
<b>d</b> Fro	om 2021				
<b>e</b> Fro	om 2022				
_ f Tot	tal of lines 3a through 3e				
<b>g</b> App	plied to underdistributions of prior years				
<b>h</b> Ap	plied to 2023 distributable amount				
i Car	rryover from 2018 not applied (see instructions)				
j Rer	mainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Dis	stributions for 2023 from Section D,				
line	e 7: \$				
<b>a</b> Ap	plied to underdistributions of prior years			_	
<b>b</b> App	plied to 2023 distributable amount				
c Rer	mainder. Subtract lines 4a and 4b from line 4.				
	maining underdistributions for years prior to 2023, if				
•	y. Subtract lines 3g and 4a from line 2. For result greater				
tha	an zero, explain in <b>Part VI.</b> See instructions.				
6 Rer	maining underdistributions for 2023. Subtract lines 3h				
and	d 4b from line 1. For result greater than zero, explain in				
Par	rt VI. See instructions.				
7 Exc	cess distributions carryover to 2024. Add lines 3j				
	d 4c.				
	eakdown of line 7:				
	cess from 2019				
<b>b</b> Exc	cess from 2020				
<b>c</b> Exc	cess from 2021				
d Exc	cess from 2022				
<b>e</b> Exc	cess from 2023				andula A (Earm 000) 2022

Schedule A (Form 990) 2023

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Name of the organization

TULSA CHILDREN'S COALITION, INC.

73-1396144

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

TULSA	CHILDREN'	S	COALITION,	INC.
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73-1396144

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### TULSA CHILDREN'S COALITION, INC.

73-1396144

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 	Schedule R (Form 990) (2023)

Name of organization **Employer identification number** TULSA CHILDREN'S COALITION, INC. 73-1396144 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

TULSA CHILDREN'S COALITION, INC.

**Employer identification number** 73-1396144

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i unus and other accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
6	Stall and volunteer riours devoted to monitoring, inspecting,	nandling of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
-	,		and, case, no he calling the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<u>'</u>
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining Co	ollections of Art	t, Hist	orical Tre	asures, o	r Othe	r Simila	r Asse	ts (continu	r age — jed)
3	Using the organization's acquisition, accession								•	.ou,
_	collection items (check all that apply).	.,	-,				· J		-	
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	e			9-  9					
c	Preservation for future generations	-								
4	Provide a description of the organization's col	lections and explain	how th	nev further th	ne organizatio	n's exer	not purpa	ose in Pa	rt XIII.	
5	During the year, did the organization solicit or			-	-					
•	to be sold to raise funds rather than to be mai							Г	Yes	☐ No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part			o. ga <b>_</b> ao.				,,	,	
	Is the organization an agent, trustee, custodia	n, or other intermed	liarv for	contribution	s or other as	sets not	included			
	on Form 990, Part X?							_	Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
								T	Amount	
С	Beginning balance						1c	1		
	Additions during the year									
	Distributions during the year									
f	Ending balance							1		
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII. (									
Par										
	· I	(a) Current year		Prior year	(c) Two yea		(d) Three	years bac	k (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end halance	line 1	r column (a)	) held as.				<u> </u>	
a	Board designated or quasi-endowment	ant your one balance	% %	g, 001011111 (a)	n noid do.					
b	Permanent endowment	%								
	Term endowment 9/									
·	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	•	tion tha	it are held ar	nd administer	ed for th	ne			
-	organization by:	oron or the organiza		it are more ar	ia aarriiriiotoi	00 101 11			[	Yes No
	(i) Unrelated organizations?								3a(i)	
h	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the o								[02]	-
	t VI Land, Buildings, and Equipme		WITHOUTE I	ariao.						
	Complete if the organization answered		, Part I\	/, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o		<u> </u>	or other		ccumulat	ted	(d) Book	value
	bescription of property	basis (investr		. ,	(other)		preciation	I	(a) book	value
12	Land	<del>'</del>	7		1,415.				101	,415.
	Buildings				0,654.	11	176,8	02.	15,403	
	Leasehold improvements				0,610.		531,2		5,729	
	Equipment				3,256.		629,3		1,283	
	Other				3,249.					,249.
	Add lines 1a through 1e. (Column (d) must on		V lina 1					_	22.521	

Schedule D (Form 990) 2023

	Investments -			COMBITION,	TI1C •	73 1370144	Page
Schodulo D	(Form 990) 2023	A S.IIIT	CHILDREN'S	COALITION,	TNC.	73-1396144	Page

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Investments - Program Related.  Complete if the organization answered "Yes" or	a Farm 000 Dort IV line	11a Cas Farm 000 Dart V line 12	
(a) Description of investment	(b) Book value		ad of year market value
., .	(b) Dook value	(c) Method of valuation: Cost or er	id or-year market value
1)			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
(B) must equal Form 990, Part X, line 13, col. (B)			
art IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
• •			
(9) ial. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
(9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities			
(9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or			
(9)  al. (Column (b) must equal Form 990, Part X, line 15, col.  art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability			5. <b>(b)</b> Book value
(9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes			
(9)  al. (Column (b) must equal Form 990, Part X, line 15, col.  art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)			
(9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)			
al. (Column (b) must equal Form 990, Part X, line 15, col.  art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)			
(9)  (al. (Column (b) must equal Form 990, Part X, line 15, col.  art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)			
(9)  al. (Column (b) must equal Form 990, Part X, line 15, col.  art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)			
(9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 TULSA CHILDREN'S COALITION,	INC	•	73-	1396144 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	n Revenue per Re	turn	
	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	3,369,209.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,075,206.		
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,075,206
3	Subtract line 2e from line 1			3	2,294,003.
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	52,341.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	52,341.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I, line 12.)			5	2,346,344.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990. Part IV. line 12a.				

2,599,177. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2,599,177 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

52,341. 4c 2,651,518.

#### Part 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.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	TULSA	CHILDREN'S	COALITION,	INC.	73-1396144 F	Page <b>5</b>
Schedule D (Form 990) 2023  Part XIII   Supplemental Inform	mation (co	ontinued)				
	•	,				

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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,

SUPPORT, ENHANCE, AND ENCOURAGE PROGRAMS, INDIVIDUALLY AND IN

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.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 73-1396144 TULSA CHILDREN'S COALITION, INC. FORM 990, PART VI, SECTION B, LINE 12C: IN THE COURSE OF BUSINESS, SITUATIONS MAY ARISE IN WHICH AN 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 INTEREST, OR THE APPEARANCE OF CONFLICTS, BETWEEN THEIR PERSONAL INTERESTS AND THOSE OF TULSA CHILDREN'S COALITION, INC. IN DEALING WITH OUTSIDE ENTITIES OR INDIVIDUALS AND MUST DISCLOSE REAL OR APPARENT CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS. INDIVIDUALS MUST REFRAIN FROM PARTICIPATION IN ANY DECISIONS ON MATTERS THAT INVOLVE A REAL CONFLICT OF INTEREST 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.

### TAX RETURN FILING INSTRUCTIONS

OKLAHOMA FORM 512E

#### FOR THE YEAR ENDING

December 31, 2023

Prepared For:	
Tulsa Children's Coalition, Inc	
5330 E. 31st Street 300 Tulsa, OK 74135	
Prepared By:	
Wipfli LLP	
2501 W Beltline Hwy, Ste 501 Madison, WI 53713	
To be Signed and Dated By:	
The authorized individual(s).	
Amount of Tax:	
Total Tax	\$ 0
Less: payments and credits	\$ 0
Plus: other amount	0
Plus: nterest and penalties	\$ 0
No payment required	\$
Overpayment:	
Credited to your estimated tax	\$ 0
Other amount	\$0
Refunded to you	\$0
Make Check Payable To:	
Not applicable	
Mail Tax Return and Check (if applicable) To	0:
Oklahoma Tax Commission	
P.O. Box 26800	
Oklahoma City, OK 73126-080	00
Return Must be Mailed On or Before:	
Neturn Must be Maned On or Delore:	
Please mail as soon as possib	le.

### **Special Instructions:**

We recommend that returns be mailed certified mail, return receipt requested, with the stamp validated at a postal station in order to have proof of timely mailing.

Please sign page 2 of the return before filing.

Form 512-E 2023

# Oklahoma Return of Organization Exempt from Income Tax Section 501(c) of the Internal Revenue Code



PART 1 For the year January 1 - December 31, 2023, or other taxable year beginning:  2023 endin	ıg:
Name of Organization Federal Employer Identification Number	Date Qualified for Tax Exempt Status
TULSA CHILDREN'S COALITION, INC. 73-1396144	
Address (Number and Street)	
5330 E. 31ST STREET	
City State or Province Country	ZIP or Foreign Postal Code
TULSA OKLAHOMA	74135
Place an 'X' if: (1) Initial Return (2) Final Return (3) Amended return (See Sched	dule 512-E-X on page 2)
PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 3-4)	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990	
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	
C Unrelated business taxable income - enter here and on line 1 below	
INCOME SUBJECT TO TAX	
Unrelated business taxable income - from statement above (allocable to Oklahoma)	1 00
2 Other net income - <b>provide</b> schedule	. 2 00
3 Oklahoma Capital Gain deduction ( <b>provide</b> Form 561-C)	3 00
4 Oklahoma taxable income (total of lines 1, 2 and 3)	4 00
TAX COMPUTATION	
Tax at 4% of line 4. If trust - see rate schedule on page 3 and place an '1' in the box.  If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and	
enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	5 00
6 Less: Other Credits Form (total from Form 511-CR)	6 00
7 Balance of tax due (line 5 minus line 6, but not less than zero)	7 00
8 2023 Oklahoma estimated tax and extension payments and prior year carryforward	8 00
9 Oklahoma withholding ( <b>provide</b> Form 1099, Form 500A, Form 500B or other withholding statement)	9 00
Amount paid with original return and amount paid after it was filed (amended return only)	10 00
Any refunds or overpayment applied (amended return only)	11 ( )00
12 Total of lines 8 through 11	. 12 00
Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13 00
14. Amount of line 13 to be credited to 2024 estimated tax (original return only)	14 00

## 2023 Form 512-E - Page 2 Oklahoma Return of Organization Exempt from Income Tax



Name of Organization: TULSA CHILDREN'S COALITION, INC.				Federal Employer Identification Number: 73-1396144		
Line 15 provides you the opportunity organizations. Place the line number				homa	00	
the amount you are donating. If giving schedule showing how you would like	g to more than one org					
Donations from your refund		\$5 5	<b>.</b>	15	00	
Add lines 14 and 15 and enter am	ount			16	00	
Amount to be refunded to you (line	e 13 minus line 16)			Refund 17	00	
<u>Direct Deposit Note:</u> →	Is this refund going to o	r through an accou	unt that is located outside	of the United St	ates? Yes No	
All refunds must be by direct deposit. See Direct Deposit	Deposit my refund in	n my: Cr	necking Account	Savings	Account	
Information on page 5 for details.	Routing Number:					
	Account Number:					
18 Tax Due (if line 7 is larger than line	e 12 enter tax due)			<b>Tax Due</b> 18	00	
19 For delinquent payment, add pena	alty of 5% plus interest a	t 1.25% per mon	th	19	00	
20 Underpayment of estimated tax in	terest		Annual	ized 20	00	
21 Total tax, penalty and interest due	- Add lines 18-20; pay ir	n full with return	В	alance Due 21	00	
Under penalty of perjury, I declare the information						
and belief.  Signature of Officer or Trustee	Date	Check this box if the Oklahoma Tax Commission	Signature of Preparer  QUINN DUGA	N	Date	
Printed Name		may discuss this return with your tax	Printed Name of Preparer			
BRENT JOHNSON Title Phone	Number	preparer.	Phone Number:		Preparer's PTIN:	
BOARD PRESIDENT 91	83823200		6082741980		P02267768	
SCHEDULE 512-E-X: AMENDED RET	TURN SCHEDULE (See	instructions on i	page 3)			
A Did you file an amended Federal inc	,					
Provide a copy of the amended Fe		<u> </u>	<del></del>	nd check or dep	oosit slip.	
B If this return is being filed due to a	Federal audit, <b>provide</b> a	complete copy	of the RAR.			
Explanation or reason for amended return (provide all necessary schedules):						

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800