Department of the Treasury

## Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Co to www.irc.gov/Form900 for instructions and the latest information

Open to Public

OMB No. 1545-0047

Inter	nal Revenue	e Service	► Go t	o www.irs.gov/Form990 for instruc	tions and the latest i	information	1.		inspection	
Α	For the 2	2021 calend	dar year, or tax year	beginning	, 2021, and endi	ing		, 2	20	
В	Check if ap	plicable:	C				D Employ	er identifi	cation number	
	Addres	ss change	Tulsa Lawyer:	s for Children, Inc.			73-	15932	75	
	Name		Post Office H				E Telepho	ne numbe	r	
	Initial	return	Tulsa, OK 741	101-2254			918	-425-	5858	
	Final ret	urn/terminated					020			
		ded return					G Gross r	eceipts \$	423,5	55
	_	ation pending	F Name and address of	principal officer: Rachel Thom		H(a) Is this a				X No
			Same As C Abo	Rachel Inom	pson	H(b) Are all If "No,"			103	No
-		npt status:			4947(a)(1) or 527	lf "No,"	attach a list	See instr	uctions.	
<u>+</u>		·			4547(a)(1) 01 527	-				
J	Websit			sforchildren.org		H(c) Group e	· · ·		077	
ĸ		-	X Corporation Trus	st Association Other►	L Year of forma	ation: 200(	) Mis	state of leg	jal domicile: OK	
Pa	art I	Summary	<u>y</u>							
				mission or most significant act						
g	<u>p</u> ı			, train and provide						
an	<u>n</u> o		<u>rneys)</u> repres	senting children in	<u>all stages of</u>	<u>cnila</u>	<u>abuse</u>	and i	neglect	
er		ases.								
- So	2 Ch 3 Nu			nization discontinued its operati governing body (Part VI, line 1				net ass	ets.	21
৵	4 Nu			embers of the governing body (Fart VI, fine f				4		21 21
es	5 To			yed in calendar year 2021 (Par						4
Activities & Governance	6 To			ate if necessary)				6		57
Act	<b>7a</b> To		•	from Part VIII, column (C), line				7a		0.
				come from Form 990-T, Part I,				7b		0.
						P	rior Year		Current Year	
	<b>8</b> Co	ntributions	and grants (Part VII	I, line 1h)			366,2	58.	420,9	82.
Revenue				II, line 2g)			00072		12070	•=•
vel				umn (A), lines 3, 4, and 7d)			4,7	53.	2,5	73.
Å	11 Ot	her revenue	e (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and	d 11e)					
	12 To	tal revenue	e – add lines 8 throu	gh 11 (must equal Part VIII, col	umn (A), line 12)		371,0	11.	423,5	55.
	13 Gra	ants and si	milar amounts paid	(Part IX, column (A), lines 1-3).					•	
	<b>14</b> Be	nefits paid	to or for members (	Part IX, column (A), line 4)						
	<b>15</b> Sa			ployee benefits (Part IX, colum			220,0	09.	231,2	40
ses	16a Pro			rt IX, column (A), line 11e)			22070		1,6	
Expenses			÷ .						1,0	90.
ц.	<b>D</b> 10			IX, column (D), line 25) ►	9,933.					
_	17 Ot			(A), lines 11a-11d, 11f-24e)			94,0		108,7	
				must equal Part IX, column (A)			314,0		341,7	
		venue less	expenses. Subtract	line 18 from line 12			56,9	37.	81,8	41.
or Ces						Beginnin	g of Curren		End of Year	
Net Assets or Fund Balances	20 To	•					260,1		348,4	
t As BB	<b>21</b> To	tal liabilities	s (Part X, line 26)					0.	6,4	53.
βĘ	22 Ne	t assets or	fund balances. Subt	tract line 21 from line 20			260,1	20.	341,9	61.
Pa	art II	Signatur	e Block					_		
Und	er penalties	of perjury, I de	clare that I have examined	this return, including accompanying scheo ased on all information of which preparer h	lules and statements, and to	o the best of m	y knowledge	and belief	, it is true, correct, an	ıd
com	piete. Deciai	ration of prepar	rer (other than officer) is ba	ased on all information of which preparer r	ias any knowledge.					
			and attern			Det	-			
Sig	yn	Signatur	re of officer			Dat				
He	re		rles Greenoug	h		Treas	surer			
			print name and title		<u> </u>	r			<b>T</b> 1N I	
		Print/Type pi	preparer's name	Preparer's signature	Date		Check	if P	TIN	
Ра				Self-Prepared			self-employe	ed		
Pr	eparer	Firm's name								
Us	e Only	Firm's addre	2SS •				Firm's EIN			
							Phone no.			
Ma	y the IRS	discuss thi	is return with the pre	eparer shown above? See instru	uctions				Yes	No
BA	A For Pa	perwork R	eduction Act Notice	, see the separate instructions.	. TE	EEA0101L 09/2	22/21		Form <b>990</b> (2	2021)

Form	n 990 (	2021) Tulsa Lawyers fo	or Children, Inc.	73-1593275	Page <b>2</b>
Par	t III	Statement of Program Se	rvice Accomplishments		
			response or note to any line in this Part III		
1		y describe the organization's miss			
	<u>The</u>	organization's prima	ry exempt purpose is to recrui	t, train and provide assis	s <u>tance</u>
	to	<u>volunteers (attorneys</u>	and non-attorneys) represent	<u>ng children in all stages</u>	<u>of</u>
	<u>ch</u> i	ld abuse and neglect	cases		
	D: 1 11				
2		° , °	cant program services during the year which were r		37 N
				Yes	X No
2		s," describe these new services on S			37 NI-
3		5 S	or make significant changes in how it conducts	, any program services? Yes	X No
		s," describe these changes on Sche	ervice accomplishments for each of its three larg		
4	Secti	on 501(c)(3) and 501(c)(4) organi evenue, if any, for each program	zations are required to report the amount of gra	nts and allocations to others, the total exp	penses,
4 a	(Code	e: ) (Expenses \$	260,866. including grants of \$	) (Revenue \$	)
	272	children received pr	o bono legal representation by	volunteer and staff attom	rneys.
			ded court hearing reminders, o		
	vol	unteers, mentoring vo	lunteers, and ongoing training	on specialized legal issu	ies.
			training and several lunch and		
	yea	r. TLC initiated its	externship partnership with t	he University of Tulsa Col	llege
	of	Law			
4 b	(Code	e:) (Expenses \$	including grants of \$	) (Revenue \$	)
			$\sim$		
			nkr		
4 c	: (Code	e:) (Expenses \$	including grants of \$	) (Revenue \$	)
			·		
			·		
			·	<b></b>	
		<b></b>	<b></b>	<b></b>	
				<b></b>	
				<b></b>	
4 c		program services (Describe on S	chedule O.)		
	(Expe	enses \$	including grants of \$	) (Revenue \$ )	
4 e	Total	program service expenses	260,866.		
BAA			TEEA0102L 09/22/21	Form	<b>990</b> (2021)

Form 990 (2021) Tulsa Lawyers for Children, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
I	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.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		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.	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12;	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
I	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ł	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
BAA	• · · · · · · · · · · · · · · · · · · ·		990 (	(2021)

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Form 990 (2021)Tulsa Lawyers for Children, Inc.Part IVChecklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		x
24 a	a 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.	23 24a		X
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>IF 'Yes,' complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a			
ł	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
	(yanibing) withings to prize withers:	10		

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	990 (2021) Tulsa Lawyers for Children, Inc. 73-1593275	)	F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 4			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Form 1098-C?			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	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:			
	Gross income from members or shareholders 11 a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.	10		
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form	m 990 (2021) Tulsa Lawyers for Children, Inc. 73-1593275		P	age <b>6</b>
	<b>rt VI Governance, Management, and Disclosure.</b> For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schedule O. See instructions.	ges c	n	
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	ction A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year       1 a       21         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.       1 a       21			
t	b Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?See Schedule O	2	Х	
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	5 5 5 5	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	a 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?	7 a		Х
ł	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	
	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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?			
ŀ	b If Ves' did the organization have written policies and procedures governing the activities of each chapters, affiliates, and branches to ensure their	10 a		Х
ł	<b>b</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?	10a 10b		X
			X	X
11 a	operations are consistent with the organization's exempt purposes?	10 b	X	X
11 a l 12 a	operations are consistent with the organization's exempt purposes?       a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.       See Schedule O	10 b	X	X
11 a l 12 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O	10 b 11 a		X
11 a t 12 a t	operations are consistent with the organization's exempt purposes?         a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.         a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	10 b 11 a 12 a	X X X X	
11 a t 12 a t	<ul> <li>operations are consistent with the organization's exempt purposes?</li> <li>a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>.</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe on Schedule O how this was done</i> See Schedule O</li> </ul>	10b 11a 12a 12b	X X X X X	
11 a b 12 a b	<ul> <li>operations are consistent with the organization's exempt purposes?</li> <li>a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>.</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe on Schedule O how this was done</i> See Schedule .0</li> </ul>	10b 11a 12a 12b 12c	X X X X	X
11 a b 12 a b 0 13	<ul> <li>operations are consistent with the organization's exempt purposes?</li> <li>a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>.</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization nave a written whistleblower policy?</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> </ul>	10b 11a 12a 12b 12c 13	X X X X X	X
11 a l2 a l2 a l3 13 14 15	operations are consistent with the organization's exempt purposes?         a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.       b         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       c         c Did the organization negularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done See. Schedule O       Schedule O         Did the organization have a written whistleblower policy?       Did the organization have a written document retention and destruction policy?         Did the organization have a written document retention and destruction policy?       Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	X X X X X	X
11 a t 12 a t 13 14 15	operations are consistent with the organization's exempt purposes?         a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.       b         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       c         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done See. Schedule .Q.       Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?       Did the organization have a written document retention and destruction policy?         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?	10b 11a 12a 12b 12c 13 14	X X X X X	
11 a t 12 a t 13 14 15	<ul> <li>operations are consistent with the organization's exempt purposes?</li> <li>a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>.</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe on Schedule O how this was done</i>See.Schedule.Q.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> </ul>	10b 11a 12a 12b 12c 13 14 15a	X X X X X	
11 a 12 a 12 a 13 14 15 a t	<ul> <li>operations are consistent with the organization's exempt purposes?</li></ul>	10b 11a 12a 12b 12c 13 14 15a	X X X X X	
11 a b 12 a 13 14 15 a b 16 a	<ul> <li>operations are consistent with the organization's exempt purposes?</li> <li>a Has the organization provided a complete copy of this Form 990 to all mambers of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>.</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe on Schedule O how this was done</i>See. Schedule O.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the organization's CEO, Executive Director, or top management official.</li> <li>b Other officers or key employees of the organization.</li> <li>If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.</li> </ul>	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X	XXX
11 a 12 a 13 14 15 16 a E	<ul> <li>operations are consistent with the organization's exempt purposes?</li> <li>a Has the organization provided a complete copy of this Form 990 to all mambers of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>.</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe on Schedule O how this was done</i>SeeSchedule.O.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the organization's CEO, Executive Director, or top management official.</li> <li>b Other officers or key employees of the organization.</li> <li>If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.</li> <li>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?</li> </ul>	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	XXX
11 a 12 a 12 a 13 14 15 16 a E Sec	<ul> <li>operations are consistent with the organization's exempt purposes?</li></ul>	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X	XXX
11 a 12 a 13 14 15 16 a E	operations are consistent with the organization's exempt purposes?         a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.       b         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       c         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done       See. Schedule O         Did the organization have a written whistleblower policy?       Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?       Did the organization have a written document retention of the deliberation and decision?         a The organization is CEO, Executive Director, or top management official.       b         b Other officers or key employees of the organization.       If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.         a 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?         ction C. Disclosure       List the st	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		X X X X
11 a 12 a 12 a 13 14 15 16 a 16 a 16 a 17 Seco 17	operations are consistent with the organization's exempt purposes?       Image: Section 1 and the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         a Tid the organization have a written conflict of interest policy? If 'No,' go to line 13.       See Schedule O         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       Conflicts?         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done       See Schedule O         Did the organization have a written whistleblower policy?       Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?       Did the organization have a written document retention and destruction policy?         Did the organization have a written document retention and destruction policy?       Did the organization and decision?         a The organization is CEO, Executive Director, or top management official.       Deter officers or key employees of the organization.         If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         b f'Yes,' did the organization follow a	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		X X X X

the public during the tax year. See Schedule O 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► the public during the tax year.

The Organization 907 South Detroit Avenue, Suite 735 Tulsa OK 74120 918-425-5858

Form 990 (2021) Tulsa Lawyers for Children, Inc.	73-1593275	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 Compensat	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, 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.

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

		(C)							
(A) Name and title	(B) Average hours	Pos thar is	s both a	an of	fficer a trustee	e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	W-2/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Timothy Michaels-Johnson	40								
Executive Director	0				Х		84,291.	0.	2,233.
_(2) Margo Shipley	1							0	0
Secretary	0	Х		X			0.	0.	0.
(3) Stephanie Barberousse	0.5							0	0
Director (4) R. Daniel Carter	0.5	X					0.	0.	0.
Director	0.5	x					0.	0.	0.
(5) Susan Walker	0.5	Λ					0.	0.	0.
Director	0	Х					0.	0.	0.
(6) Amber Cornelius	1								
Vice President	0	Х		Х			0.	0.	0.
(7) James Fisher	0.5								
Director	0	Х					0.	0.	0.
(8) Becki Murphy	0.5								
Director	0	Х					0.	0.	0.
(9) Yvette Hart	0.5								
Director	0	Х					0.	0.	0.
(10) Charles Greenough	1								
Treasurer	0	Х		Х			0.	0.	0.
(11) Vani_Singhal	0.5								
Director	0	Х					0.	0.	0.
(12) Rhiannon Baker	0.5	v					0	0	0
Director (13) John H. Rule	0.5	Х					0.	0.	0.
Director	0.5	х					0.	0.	0.
(14) Marquess Dennis	0.5	Λ		_			0.	0.	0.
Director	0.5	х					0.	0.	0.
BAA	TEEA0		09/22/	21		I	0.	0.	Form <b>990</b> (2021)
	/10								

73-1593275

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Par	t VII  Secti	ion A. Officers, Directors, T	,	Key	Em	-	-	es,	and	d Highest Com	pensated Emp	loyees (continued)
			(B)			•	C)					
	(A) Name and title		Average hours per	box	, unle	check ess pe	erson	e than is bot or/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount
			(list any hours for	or director	Institu	Officer	Key e	Highest co employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	of other compensation from the organization and related
			related organiza - tions	ector	tional	ч	Key employee	st com yee	ę			organizations
			below dotted line)	Trustee	Institutional trustee		'ee	Highest compensated employee				
	<u>Thomas</u> Director		0.5 0	X						0.	0.	0.
	Rachel 1	Thompson	1			v						
	Presider April Ry	/an	0.5	X		Х				0.	0.	0.
	Director Cassia (		0.5	Х						0.	0.	0.
	Director		0.5	X						0.	0.	0.
	Timothy		5								_	
	Director Wendy Wi		0.5	Х						0.	0.	0.
	Director		0	Х						0.	0.	0.
	<u>Claire I</u>											
	Director Rachel E		0.5	Х						0.	0.	0.
	Director		0	X						0.	0.	0.
(23)												
(24)								F				
(25)					R							
1 b	Subtotal								►	84,291.	0.	2,233.
		ontinuation sheets to Part VII, Sec							•	0.	0.	0.
		nes 1b and 1c) of individuals (including but not limite					 who	 recei		84,291.	0.	2,233.
	from the orga			ISICU	abo	vc)	WIIIO	TCCCI	vcu			
3	Did the organ	nization list any <b>former</b> officer, dire	otor tructo			mol	0.100	o or	hiał	hast companyated	omployoo	Yes No
5	on line 1a? /	If 'Yes,' complete Schedule J for su	ich individu	ial							· · · · · · · · · · · · · · · · · · ·	. <b>3</b> X
	the organizat	vidual listed on line 1a, is the sum tion and related organizations grea	iter than \$1	50,0	00?	<i>lf '</i> )	Yes,	' con	ıple	te Schedule J for		. <b>4</b> X
5	Did any pers for services i	on listed on line 1a receive or accr rendered to the organization? If 'Ye	rue comper es,' comple	nsatio ete S	on fro chea	om Iule	any J fo	unre or suc	late ch p	ed organization or	individual	. <b>5</b> X
		ependent Contractors is table for your five highest compe	ensated ind	epen	dent	t co	ntra	ctors	tha	at received more th	nan \$100.000 of	
	compensation	n from the organization. Report compe	ensation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax year	
		(A) Name and business ad	dress							(B) Description o	of services	<b>(C)</b> Compensation
. <u> </u>												
2	Total number	of independent contractors (including	ı but not lim	ited t	o tha	ose l	liste	d abo	ve)	who received more	than	
	\$100,000 of	compensation from the organizatio	n► 0									

# Form 990 (2021) Tulsa Lawyers for Children, Inc. Part VIII Statement of Revenue

### <u>\_\_\_</u>

73-1593275

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		Check if Schedule O contains a res	ponse or note to an	y line in this Part V	111		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ង្ ង		Federated campaigns 1a					
na n		Membership dues 1k					
Contributions, Gifts, Grants, and Other Similar Amounts		Fundraising events					
iar Biar		Related organizations 1 c					
Sin, S		e Government grants (contributions) 1 e All other contributions, gifts, grants, and	144,019.				
it i		similar amounts not included above <b>1</b> f	276,963.				
đ∄	g	Noncash contributions included in					
and	h	lines 1a-1f		420,982.			
			Business Code	420,902.			
Program Service Revenue	2 a	1					
Rev	b	,					
/ice	С	;					
Sen	d	l					
E	е	·					
ubo		All other program service revenue					
ā	-	J Total. Add lines 2a-2f					
	3	Investment income (including dividends, other similar amounts)	interest, and	2,573.			2,573.
	4	Income from investment of tax-exemption		2,515.			2,575.
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c		<u>o Di</u>			
		Net rental income or (loss)	(ii) Other				
	7 a	Gross amount from sales of assets					
		other than inventory 7a	-				
	b	<ul> <li>Less: cost or other basis and sales expenses</li> <li>7b</li> </ul>					
	с	: Gain or (loss) <b>7c</b>					
	d	Net gain or (loss)	►				
ø	8a	Gross income from fundraising events					
nu		(not including \$					
eve		of contributions reported on line 1c).					
г Т	<b>b</b>	,	3a				
Other Revenue		Net income or (loss) from fundraising	Bb events ►				
0		Ē					
	Уa	Gross income from gaming activities. See Part IV, line 19	)a				
			) b	,			
	С	: Net income or (loss) from gaming act	ivities ►				
	10 a	Gross sales of inventory, less					
		returns and allowances	0a				
		5	0b				
	С	: Net income or (loss) from sales of inv	Business Code				
Sinc .	11 a	1	Busiliess COUR				
an De	h	· 					
ella Ver	c						<u> </u>
Miscellaneous Revenue	11 a b c d	All other revenue					
Σ		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		423,555.	0.	0.	2,573.

19	Conferences, conventions, and meetings		
20	Interest		
21	Payments to affiliates		
22	Depreciation, depletion, and amortization		
23	Insurance	34,871.	23,554.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)		
a	TELEPHONE & INTERNET	5,285.	3,911
b	CASE_EXPENSES	4,152.	4,152
	TRAINING	2,960.	2,960
c	VOLUNTEER APPRECIATION	2,562.	
e	All other expenses	3,102.	2,676.
25	Total functional expenses. Add lines 1 through 24e	341,714.	260,866.
26	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)		
BAA		TEEA0110L 09	0/22/21

Check if Schedule O contains a response or note to any line in this Part IX. (A) (B) (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and general expenses 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 for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 69,349 trustees, and key employees ..... 15,508 86,524 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 Other salaries and wages ..... 125,398 100,506 22,477 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ..... 2,627 587 3,277 Other employee benefits ..... Payroll taxes ..... 16,041 12,857 2,875 11 Fees for services (nonemployees):

9,149

1,696

6,664

2,463.

18,319.

9,360.

9 891

2

3

Δ

5

6

7

8

9

10

q

12

13

14

15

16 17

18

a Management ..... **b** Legal ..... c Accounting.....

d Lobbying. e Professional fundraising services. See Part IV, line 17...

Office expenses .....

Royalties....

Travel....

Payments of travel or entertainment

expenses for any federal, state, or local public officials.....

Occupancy.....

Information technology.....

f Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column

(A), amount, list line 11g expenses on Schedule 0.) ....

Advertising and promotion.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

(D)

Fundraising

expenses

1,667.

2,415.

0.

63.

309.

1,696.

198.

49.

269.

584.

106.

15.

2,562

9,933.

9,149

2,372

2,374

2,570

10,733.

1,268

411

70,915

591

292

7,319

1,823.

15,480.

9,360.

## Form 990 (2021) Tulsa Lawyers for Children, Inc.

Pa	irt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			Г
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	190,506.	1	273,102
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net	25,000.	3	28,047
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under		-	
	0	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
Ø	8	Inventories for sale or use.		8	
Tesels	9	Prepaid expenses and deferred charges.	4,071.	9	4,742
n L	-		4,071.	-	4,742
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	40,543.	15	42,523
	16	Total assets. Add lines 1 through 15 (must equal line 33)	260,120.	16	348,414
	17	Accounts payable and accrued expenses		17	6,453
	18	Grants payable		18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
e S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
2		Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	24 25			24	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
_	26	Total liabilities. Add lines 17 through 25.	0.	26	6,453
Net Assets of Fund balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	185,120.	27	288,961
Ď.	28	Net assets with donor restrictions	75,000.	28	53,000
		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ñ,	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ë,	32	Total net assets or fund balances	260,120.	32	341,961
Se	33	Total liabilities and net assets/fund balances.	260,120.	33	348,414
BA		TEEA0111L 09/22/21	200,120.		Form <b>990</b> (2021

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Form	1990 (2021) Tulsa Lawyers for Children, Inc. 73-	15932	275	Ρ	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				🗍
1	Total revenue (must equal Part VIII, column (A), line 12)	1		423,	555.
2	Total expenses (must equal Part IX, column (A), line 25).	2		341,	
3	Revenue less expenses. Subtract line 2 from line 1	3			841.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		260,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		341,	<u>961.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🗍
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?			2b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 		2c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a	Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b	
BAA	TEEA0112L 09/22/21		F	orm <b>990</b>	(2021)

SCHEDULE	Α
(Form 990)	

Total

## **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

www.ine.way/Farma000 far instructions and the	a late at information

2021
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			► 0	Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection
Name	of the	organization							ation number
Tul	sa		for Child					73-159327	
Par					rganizations must				ctions.
The o	orga		•		For lines 1 through 12,		-	•	
1					nurches described in sec		b)(1)(A)(	i).	
2					ach Schedule E (Form				
3		•	•		ization described in se				
4		A medical res name, city, a	-		unction with a hospital			:tion 1/0(b)(1)(A)(iii). ⊢	nter the hospital's
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, sta	ate, or local gov	ernment or governme	ental unit described in s	section 1	1 <b>70(b)(</b> 1)	)(A)(v).	
7	Х	An organizatic in <b>section 17</b>	on that normally r <b>0(b)(1)(A)(vi).</b> (	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pul	blic described
8					A)(vi). (Complete Part				
9			r a non-land-grai	nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Ente	r the nan			
10		from activities investment in	on that normall s related to its encome and unre	y receives (1) more the exempt functions, sub	nan 33-1/3% of its supp ject to certain exception e income (less section	oort from	(2) no r	nore than 33-1/3% of i	ts support from gross
11					ly to test for public saf	ety. See	sectior	n 509(a)(4).	
12		An organizati	ion organized a	nd operated exclusive	ely for the benefit of, to	perform	the fun	ictions of, or to carry o	ut the purposes of one
		or more publi	icly supported o	rganizations describe	d in section 509(a)(1) of upporting organization	or section	<b>in 509(a</b> ) Inlete lii	<b>)(2).</b> See <b>section 509(a</b> nes 12e_12f_and 12g	)(3). Check the box on
а		Type I. A supp	orting organizati	on operated, supervise	d, or controlled by its sup a majority of the directo	oported o	rganizat	ion(s), typically by giving	the supported
		organization(s	) the power to re rt IV, Sections A	gularly appoint or elect	a majority of the directo	rs or trus	stees of t	the supporting organization	on. You must
b		•			ontrolled in connection	with its	support	ed organization(s) by	having control or
-		management	of the supporting	organization vested in	the same persons that c	ontrol or	manage	the supported organizat	ion(s). You
С		Type III function organization (	onally integrated s) (see instructi	. A supporting organizat ons). <b>You must comp</b>	ion operated in connectio olete Part IV, Sections	n with, a <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its	supported
d		functionally in	ntegrated. The c	proanization generally	anization operated in con must satisfy a distribu <b>s A and D, and Part V.</b>	ition rea	with its s uiremen	supported organization(s) t and an attentiveness	) that is not requirement (see
e		integrated, or	r Type III non-fu	nctionally integrated	en determination from supporting organizatior	า.			e III functionally
u U	Pr	ovide the follo	wing informatio	n about the supported	d organization(s).				
		me of supported of		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) organiza in your g	s the tion listed joverning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	ment?		
						103	110		
(A)									
(B)									
(C)									
(D)									
(E)									

Tulsa Lawyers for Children, Inc.

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

#### Section A. Public Support

	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	362,355.	352,476.	413,917.	366,258.	420,982.	1,915,988.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	362,355.	352,476.	413,917.	366,258.	420,982.	1,915,988.
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)						419,488.
6	Public support. Subtract line 5 from line 4						1,496,500.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
7	Amounts from line 4	362,355.	352,476.	413,917.	366,258.	420,982.	1,915,988.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,581.	4,167.	4,407.	4,753.	2,573.	18,481.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		DR				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						1,934,469.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
	First 5 years. If the Form 990 is organization, check this box and	stop here					►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from						77.36%
							78.93%
16a	6a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►						
b	<b>b</b> 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ►						
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this b ion qualifies as a	pox and stop here publicly supporte	Explain in Part d organization.	VI how the
18	Private foundation. If the organi	zation did not che	CK a box on line	13, 16a, 16b, 1/a,	or 1/b, check th	is box and see ins	structions F

Schedule A (Form 990) 2021

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
2	any 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					►
	tion C. Computation of Pul			. 10	、	I	0
	Public support percentage for 20						% 00
	Public support percentage from					16	010
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage f	or 2021 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	010
18	Investment income percentage f	rom <b>2020</b> Schedu'	le A, Part III, line	. 17		18	0\0
19a	<b>33-1/3% support tests</b> — <b>2021.</b> If t is not more than 33-1/3%, check	the organization d	id not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	
b	<b>33-1/3% support tests</b> — <b>2020.</b> If t line 18 is not more than 33-1/3%	the organization d	id not check a bo	ox on line 14 or lir	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	Private foundation. If the organized		-				

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 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. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer 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). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined 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**. 9b 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. 9c 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. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Part IV Supporting Organizations (continued)		
	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,		
the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above? 11b		
C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		

Tulsa Lawyers for Children, Inc.

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

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

#### Section C. Type II Supporting Organizations

 Yes
 No

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

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played</i>			
	in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

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

2a

2b

3a

Yes

No

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Page 5

Yes

1

2

No

Schedule A (Form 990) 2021 Tulsa Lawyers for Children, Inc.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

ection A	<ul> <li>Adjusted Net Income</li> </ul>		(A) Prior Year	(B) Current Year
	-			(optional)
	ort-term capital gain	1		
	ries of prior-year distributions	2		
	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Deprec	iation and depletion	5		
income	of operating expenses paid or incurred for production or co or for management, conservation, or maintenance of prope tion of income (see instructions)			
7 Other e	expenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B	– Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ate fair market value of all non-exempt-use assets (see inst r or assets held for part of year):	ructions for short		
a Averag	e monthly value of securities	1a		
<b>b</b> Average	e monthly cash balances	1b		
<b>c</b> Fair ma	arket value of other non-exempt-use assets	1c		
d Total (a	add lines 1a, 1b, and 1c)	1d		
	<b>nt</b> claimed for blockage or other factors in <i>detail in <b>Part VI</b></i> ):			
2 Acquisi	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	et line 2 from line 1d.	3		
	eemed held for exempt use. Enter 0.015 of line 3 (for greate tructions).	er amount. 4		
5 Net val	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	/ line 5 by 0.035.	6		
7 Recove	ries of prior-year distributions	7		
8 Minimu	Im Asset Amount (add line 7 to line 6)	8		
ection C	<ul> <li>Distributable Amount</li> </ul>			Current Year
	ed net income for prior year (from Section A, line 8, column	A) 1		
	.85 of line 1.	2		
	m asset amount for prior year (from Section B, line 8, colun			
4 Enter g	reater of line 2 or line 3.	4		
<b>-</b> .	tax imposed in prior year	5		

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

BAA

Schedule A (Form 990) 2021

Par		apporting Organiza	itions (continued	a)	
<u>Sec</u>	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported organization	S,		
	in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati	ion is responsive (provide	details		
9	in <b>Part VI</b> ). See instructions.			8	
	Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2021	ons	(iii) Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
C	From 2019				
e	P From 2020				
t	Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
-	Excess from 2018				
C	Excess from 2019				
C	Excess from 2020				
	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (For	rm 990) 2021	Tulsa	Lawyers	for	Children,	Inc.	73-1593275	Page 8
Part VI	Supplemental	Information	. Provide the	e expla	nations required	by Part II	, line 10; Part II, line 17a or 17b; Part	
							1b, and 11c; Part IV, Section	
	B, lines 1 and 2; Pa	art IV, Section (	C, line 1; Par	t IV, Se	ection D, lines 2 a	and 3; Pai	t IV, Section E, lines 1c, 2a, 2b,	
	3a, and 3b; Part V,	line 1; Part V,	Section B, lir	ne 1e; F	Part V, Section D	, lines 5, (	6, and 8; and Part V, Section E,	
	lines 2, 5, and 6. A	lso complete th	iis part for ar	ny addi	tional informatio	n. (See in	structions.)	



#### Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

Attach to	Form	99 <b>0</b> or	<sup>·</sup> Form	99 <b>0-</b> PI	F.
Go to www.irs.gov	/Form	990 fo	r the la	test in	fo

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest infor	mation.
Name of the organization		Employer identification number
Tulsa Lawyers	for Children, Inc.	73-1593275
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p	rivate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	te foundation
	501(c)(3) taxable private foundation	

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

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

#### General Rule

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



#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the Х regulations under sections 509(a)(1) 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 contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule	B (Form 990) (2021)		Frankassa	<u>1</u> <u>2</u> Page <b>2</b>
	Lawyers for Children, Inc.			r identification number 593275
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
1	GEORGE KAISER FAMILY FOUNDATION 7030 South Yale Avenue, #600 Tulsa, OK 74136	\$ <u>50</u>	<u>,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
2	MERVIN BOVAIRD FOUNDATION 401 SOUTH BOSTON AVENUE TULSA, OK 74103	\$10,	,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
3 (a) No.	COMMONWEALTH FOUNDATION 2431 EAST 61ST STREET, STE 600 TULSA, OK 74136 Name, address, and ZIP + 4	\$20, 	, 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4	CHARLES & LYNN SCHUSTERMAN FDTN 110 WEST 7TH STREET, STE 2000 TULSA, OK 74119	\$25,	<u>,000.</u>	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
<u>5</u>	FLINT FAMILY FOUNDATION <u>1625 WEST 21ST STREET</u> <u>TULSA, OK 74107</u>	\$10,	<u>,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
6	JESS L. & MIRIAM B. STEVENS FNDN 4000 ONE WILLIAMS CENTER TULSA, OK 74172	\$20,	,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)

	B (Form 990) (2021)		2 2 Page <b>2</b>
Name of org Tulsa	Lawyers for Children, Inc.		r identification number 593275
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	OKLAHOMA BAR FOUNDATION 1901 NORTH LINCOLN BOULEVARD OKLAHOMA CITY, OK 73152	\$50,000.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
8	CORETZ FAMILY FOUNDATION 1135 EAST 33RD PLACE TULSA, OK 74105	\$ <u>30,000.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SARKEYS FOUNDATION 530 EAST MAIN STREET NORMAN, OK 73071	\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u> _	SHARNA & IRVIN FRANK FOUNDATION 3125-B SOUTH YALE AVENUE TULSA, OK 74135	\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990) (2021)	1	1	Page <b>3</b>
Name of organization	Employer identif	ication nun	ıber
Tulsa Lawyers for Children, Inc.	73-15932	75	

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
<u>N/</u> 2	Ϋ́Α		
		 \$\$	
(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	(b) Description of noncash property given	 \$ (c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		 \$ 	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		  \$	
A	TEEA0703L 10/06/21		 B (Form 990) (20

	B (Form 990) (2021)		1 1 Page 4						
Name of orga Tານໄຊລ			Employer identification number 73-1593275						
Part III	Lawyers for Children, Inc.	c contributions to organiz	ations described in section 501(c)(7), (8),						
	or (10) that total more than \$1,000 for the the following line entry. For organizations co contributions of \$1,000 or less for the year. (	<b>he year from any one contributo</b> impleting Part III, enter the total of Enter this information once. See i	<b>Dr.</b> Complete columns (a) through (e) and f exclusively religious, charitable, etc.,						
(a) No	Use duplicate copies of Part III if additional s	•							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	N/A								
	Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee						
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
		F	 L						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			+						
	(e) Transfer of gift								
	Transferee's name, address	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee						
RAA.		TEEA0704L 10/06/21	Schedule B (Form 990) (2021)						

	SCHEDULE D (Form 990) 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.						1545-0047 <b>)21</b>
	tment of the Treasury		► Attach to Form 990. gov/Form990 for instructions and				to Public
	al Revenue Service		<b>.</b>		Employer id	Inspec dentification r	
	-	for Children, Inc.					
1 4 1	bu huwyerb	ior onrigitor, inc.			73-159	3275	
Par	t I Organizat	tions Maintaining Dong	r Advised Funds or Other S wered 'Yes' on Form 990, P	Similar Funds or Acc		02.0	
	Complete	II THE OLYATIZATION ALIST				- 41	
1	Total number at a	end of year	(a) Donor advised func	ds (b) h	unds and	other acco	unts
1		ntributions to (during year).					
3		ants from (during year)					
4		at end of year					
5		5	nor advisors in writing that the ass	ets held in donor advised	funds		
-	are the organizati	ion's property, subject to the	organization's exclusive legal con	trol?	· · · · · · · L	Yes	No
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing the of the donor or donor advisor, or	for any other purpose col	ed only nferring	_	_
	impermissible pri	vate benefit?				Yes	No
Par		tion Easements.					
		3	wered 'Yes' on Form 990, P				
1			/ the organization (check all that a				
		of land for public use (for examp	ole, recreation or education)	Preservation of a histo	5 1		
		natural habitat		Preservation of a certi	fied histori	c structure	1
-		of open space					
2	Complete lines 2a last day of the tax		neld a qualified conservation contribu				
	Total musches of a				leld at the	End of the	e Tax Year
			ments	2a 2b			
	0	2	fied historic structure included in (				
C		rvation easements included i the National Register	n (c) acquired after 7/25/06, and n	not on a historic			
3		Ũ	nsferred, released, extinguished, or te	erminated by the organization	on during th	e	
	tax year 🕨						
4	Number of states w	where property subject to conse	ervation easement is located ►				
5			garding the periodic monitoring, ir			Yes	No
6			nts it holds?nspecting, handling of violations, and				
	<u>۲</u>						
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and ent	forcing conservation easem	ents during	the year	
8	Does each conse	rvation easement reported or	n line 2(d) above satisfy the requir	rements of section 170(h)	(4)(B)(i)	_	_
-	and section 170(h	ı)(4)(B)(ii)?			· · · · · · · ·	Yes	No
9	In Part XIII, desci include, if applica conservation ease	able, the text of the footnote	orts conservation easements in its to the organization's financial state	s revenue and expense si ements that describes the	organizati	nd balance on's accou	sheet, and unting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	<b>ctions of Art, Historical Tre</b> wered 'Yes' on Form 990, P	easures, or Other Sin Part IV, line 8.	nilar Ass	ets.	
1a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in i Id for public exhibition, education, I statements that describes these	or research in furtheranc	l balance s e of public	heet work: service, p	s of art, rovide in
ł	following amounts	s relating to these items:	r FASB ASC 958, to report in its re or public exhibition, education, or res			t works of provide the	art,
			line 1				
2	If the organization amounts required	received or held works of art, h I to be reported under FASB	istorical treasures, or other similar a ASC 958 relating to these items:	assets for financial gain, pro	vide the fol	lowing	
	Revenue included	d on Form 990, Part VIII, line	1		►\$		
BAA	For Paperwork R	eduction Act Notice, see the	Instructions for Form 990.	TEEA3301L 08/30/21	Sched	lule D (For	m 99 <b>0) 202</b> 1

Schedule D (Form 990) 2021 Tulsa					73-1593		Page <b>2</b>
Part III Organizations Mainta	ining Colle	ctions of Art, His	storical	Treasures, or	Other Similar Ass	ets (continu	ued)
<b>3</b> Using the organization's acquisition items (check all that apply):	, accession, ar	d other records, check	k any of t	he following that ma	ke significant use of its	collection	
<b>a</b> Public exhibition		d Loa	in or exc	hange program			
b Scholarly research		e Oth	er				
<ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organiz</li> </ul>		ons and explain how t	ney furthe	er the organization's	exempt purpose in		
<ul><li>Part XIII.</li><li>During the year, did the organiza to be sold to raise funds rather the sold to raise funds at the sold</li></ul>	tion solicit or	receive donations of	art, histo	orical treasures, or	other similar assets	Yes	No
Part IV Escrow and Custodia							
line 9, or reported an	amount on	Form 990, Part >	K, line 2	21.		,	,
<b>1 a</b> Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	n or other intermedia	ry for co	ntributions or other	assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement					[		
						Amount	
<b>c</b> Beginning balance							
d Additions during the year							
e Distributions during the year							
<ul><li>f Ending balance</li><li>2 a Did the organization include an a</li></ul>						Yes	No
<b>b</b> If 'Yes,' explain the arrangement					-		
			anation	nas been provided		· · · · · · · · · · · · ·	
Part V Endowment Funds. C	omplete if t	he organization	answer	ed 'Yes' on For	m 990, Part IV, lir	ne 10.	
	(a) Current	year (b) Prior	/ear	(c) Two years back	(d) Three years back	(e) Four yea	rs back
<b>1 a</b> Beginning of year balance							
<b>b</b> Contributions						<u> </u>	
<b>c</b> Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance			-			1	
2 Provide the estimated percentage	e of the currer	nt year end balance	(line 1g,	column (a)) held a	s:	4	
<b>a</b> Board designated or quasi-endowm	ent 🕨	%					
<b>b</b> Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
c Term endowment							
The percentages on lines 2a, 2b, a	nd 2c should ea	qual 100%.					
<b>3a</b> Are there endowment funds not in t	he possession	of the organization that	at are hel	d and administered f	or the	Yes	No
organization by: (i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ited organizati	ons listed as require	d on Sch	nedule R?		3b	
4 Describe in Part XIII the intended	l uses of the o	organization's endow	ment fur	nds.		<u> </u>	•
Part VI Land, Buildings, and							
Complete if the organi	zation answ	vered 'Yes' on Fo	orm 990	0, Part IV, line	11a. See Form 99	J, Part X, li	ine 10.
Description of property	(	(a) Cost or other bas (investment)	is <b>(b)</b>	Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book v	alue
<b>1 a</b> Land	-		_				
<b>b</b> Buildings							
c Leasehold improvements	-		_				
<b>d</b> Equipment	-						
e Other Total. Add lines 1a through 1e. (Colum		ual Form 990 Part	( colum	n (B) line 10c )	•		0.
BAA	(a) mast eq		.,	. (2), inte 100.)		ule D (Form 99	

Part VII	Investments – Other Secu			N/A	00 Dant V line 10
	iption of security or category (including nar		(b) Book value	D, Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-of	
	al derivatives		(b) DOOK Value	(C) Method of Valuation. Cost of end-of	-year market value
	held equity interests				
(3) Other					
(A)					
<u>(B)</u>					
<u>(C)</u>					
<u>(D)</u>					
<u>(E)</u>					
<u> </u>					
(G)					
(H)					
(l)					
Total. (Colum	n (b) must equal Form 990, Part X, column	(B) line 12.) 🕨			
Part VIII		elated. on answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See Form 9	
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					
Total. (Colum	n (b) must equal Form 990, Part X, column	(B) line 13.) 🕨			
Part IX	Other Assets.			Darth IV Lines 11d Case Farmer Of	Do Davit V Line 15
			scription	), Part IV, line 11d. See Form 9	(b) Book value
(1) FUN	DS HELD BY THIRD PART				42,523.
(2)					,
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					
Total. (Col	lumn (b) must equal Form 990, Pa	art X, column (E	3) line 15.)	····· ►	42,523.
Part X	Other Liabilities.				
1.	Complete if the organization answ		ption of liability	1e or 11f. See Form 990, Part X, line 25.	(b) Book value
	ral income taxes	(a) Desch			
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
(11)					
Total. (Colum	n (b) must equal Form 990, Part X, column	(B) line 25.)		<b>&gt;</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2021 Tulsa Lawyers for Children, Inc.	73-1593275	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
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	523,958.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities	3.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	100,403.
3 Subtract line 2e from line 1	3	423,555.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, <u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	_	
c Add lines <b>4a</b> and <b>4b</b>	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	423,555.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	442,117.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a Donated services and use of facilities	2	
b Prior year adjustments	<u> </u>	
c Other losses.	-	
d Other (Describe in Part XIII.)	-	
e Add lines <b>2a</b> through <b>2d</b>	2e	100,403.
3 Subtract line 2e from line 1.		341,714.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		541,714.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1 line 18.)	5	341,714.
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 - FASB ASC 740 Footnote

The Organization is exempt from Federal income tax under Internal Revenue Code Section 501(c)(3). As such, the Organization is not required to pay Federal income The Organization is required to file annual information tax returns. taxes. Generally accepted accounting principles require tax effects from an uncertain tax position to be recognized in the financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical Schedule D (Form 990) 2021

BAA

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

merits of the position, without regard to the likelihood that the tax position may be challenged. The Organization's primary tax positions relate to its status as a not-for-profit entity exempt from income taxes and classification of activities related to its exempt purpose. As of December 31, 2021, the Organization had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements.

DRAFT

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		Employer identification number
Tulsa Lawyers for Children	Inc.	73-1593275

### Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

SEVERAL MEMBERS OF THE BOARD MAY HAVE BUSINESS RELATIONSHIPS OR ARE EMPLOYED WITH THE SAME COMPANY AS OTHER MEMBERS. NO PRIVATE BENEFIT RESULTS FROM THESE RELATIONSHIPS.

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

A draft of the organization's Form 990 is provided to the entire board via e-mail

for comment before filing.

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

Directors are asked to sign an annual declaration stating compliance with the

organization's conflict of interest policy.

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

Upon request, certain documents available on the organization's website.