EXTENDED TO NOVEMBER 15, 2021

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.

Open to Public

Department of the Treasury

Form **990**

► Go to www.irs gov/Form990 for instructions and the latest information. Inspection and ending A For the 2020 calendar year, or tax year beginning C Name of organization D Employer identification number Check if OKLAHOMA SPEAKER'S BALL, INC. Name change 20-2018083 Doing business as Initial Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number 405-795-0588 Final return/ PO BOX 1524 termi ated 353,645 City or town, state or province, country and ZIP or foreign postal code G Gross receipts \$ Amended NORMAN, OK 73070-1524 H(a) Is this a group return X Applica-F Name and address of principal officer ROBERT G. MCCAMPBELL Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? 4 If "No," attach a list See instructions Tax-exempt status 501(c)(3) X 501(c) (4947(a)(1) or) ◀ (insert no.) J Website: ▶ WWW.OKSPEAKERSBALL.COM H(c) Group exemption number ▶ Year of formation. 2004 M State of legal domicile OK K Form of organization: X Corporation Trust Association Part I Summary THE PURPOSE OF THE CORPORATION Briefly describe the organization's mission or most significant activities Governance IS TO ORGANIZE AND EXECUTE AN ANNUAL BALL TO INAUGURATE THE CURRENT Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets 5 Number of voting members of the governing body (Part VI, line 1a) RECEIVED 5 Number of independent voting members of the governing body (Part VI, line 0 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 C209 $\overline{10}$ Total number of volunteers (estimate if necessary) 6 DEC 0 1 2021 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. OGDEN-INTERIOR **Current Year** 597,050 353,645. Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 597,050. 353,645. 50,000. 50,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ω. Benefits paid to or for members (Part IX column (A) line 4) 18,750. 14,000. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 236,642 333,284. 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e) 397,284. 305,392. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 291,658. -43,639. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 5 514,760. 471,121. 20 Total assets (Part X line 16) 0. 0. 21 Total liabilities (Part X line 26) 471 760. 121 514, Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined that return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (oxign than officer) is based on all information of which preparer has any knowledge Signature of officer Sign CHUCK THOMPSON TREASURER Here Type or print name and title PTIN Date Print/Type preparer's name Preparer Sugilanuse P00841870 11/10/21 CPA Paid KELLEY GRACE, Firm's EIN ▶ 45-0250958 Preparer Firm's name EIDE BAILLY LLP 2402 WESTPORT DR. Use Only Firm's address NORMAN, OK 73069-6336 Phone no. 405-292-2900

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2020)

Form 990 (2020) OKLAHOMA SPEAKER'S BALL, INC.

Part IV: Checklist of Required Schedules 20-2018083 Page 3

•			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?	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		
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 98-197 If "Yes," complete Schedule C, Part III	5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	-	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?	_		v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	220	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		,	
	as applicable			ويجنو
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
	Part VI	11a		Λ
Đ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		-11
С		11c		Х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			۱
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A) line 3, more than \$5,000 of grants or other assistance to or for any			٦,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX column (A) line 3, more than \$5,000 of aggregate grants or other assistance to	١		v
	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,		ŀ	_v
45	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1.		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		┝ˆ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20-	complete Schedule G, Part III	202		X
20a		20a 20b		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	demostic coverement on Part IV column (A) line 12 if "Vee " complete Cabadyla I Darta Land III	21	x	

Form	n 990 (2020) OKLAHOMA SPEAKER'S BALL, INC. 20 - rt IV Checklist of Required Schedules (continued)	2018083	Р	age 4
1 4	Continued)		Tvaa	l Na
٠,			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III		1	 ^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curren			
	and former officers, directors, trustees key employees, and highest compensated employees? If "Yes," complete	23		X
	Schedule J		 	 ^ `
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	.ie		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24-		Х
_	Schedule K. If "No," go to line 25a	24a	 	1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c	 	\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	┼
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			Į.
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee			
	creator or founder, substantial contributor or employee thereof a grant selection committee member, or to a 35% contri	I		١,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II	1 27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١
	"Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1		l
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Ļ	X
31	Did the organization liquidate terminate or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	L	X
32	Did the organization sell exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	_ 32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_ 33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34_	<u> </u>	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ition?		
	If "Yes," complete Schedule R, Part V, line 2	_36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	11		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

b	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	2b	Yes	No
b	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instructions)	2b		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instructions)	2b		1. 1
	Note: If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instructions)	2b	1	1
22	· · · · · · · · · · · · · · · · · · ·		-	 ,
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?			لبيبا
Sa		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			.
	See instructions for filing requirements for FinCEN Form 114 Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	 		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?	7f		├
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 i
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
_	sponsoring organization have excess business holdings at any time during the year?	8_		 -
9	Sponsoring organizations maintaining donor advised funds.			i
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a		1		
		1		
11_	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a	ļ		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
U	amounts due or received from them)			
122	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	1.22		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 .		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O			- 1
h	Enter the amount of reserves the organization is required to maintain by the states in which the		١.	
-	organization is licensed to issue qualified health plans		<u> </u>	
С	Enter the amount of reserves on hand	<u></u>	,	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X_
	If "Yes," see instructions and file Form 4720 Schedule N	-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 5 b Enter the number of voting members included on line 1a, above who are independent 1h 2 Did any officer, director, trustee or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O q Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code. Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? 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? 10b Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х 14 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? Х a The organization's CEO Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain on Schedule O) ___ Own website Another s website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name address, and telephone number of the person who possesses the organization's books and records SARAH SMITH - 405-795-0588 1725 GREENBRIAR DRIVE, NORMAN, OK 73072

Form 990 (2020)	OKLAHOMA	SPEAKER'S	BALL,	INC.	20-2018083	Page 7
D . A MIN O	/ O//: F	N	1/	C	High and Commonwealer	

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D) (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if neither the organization	n nor any related	ny related organization compensate					isat	sated any current officer, director, or trustee				
(A)	(B)	(C)		(D)	(E)	(F)						
Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than	one	Reportable	Reportable	Estimated			
	hours per				s boll	h an	compensation	compensation	amount of			
	week	\vdash		u a u	1 6010	17008	1	from	from related	other		
	(list any hours for	recto					ŀ	the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	p ro a	ig i			saled	ł	(W-2/1099-MISC)	(W-2/1099-MISC)	organization		
	organizations	ruste	SE .		82	nadw		(***271033141100)		and related		
	below	dualı	Hong	_	l ed	St CO	, ,			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			J		
(1) MARIAN FREE	10.00				Ì							
EXECUTIVE DIRECTOR				Х				14,000.	0.	0.		
(2) ROBERT G. MCCAMPBELL	1.00											
CHAIR		Х		Х		<u> </u>		0.	0.	0.		
(3) MARK LIOTTA	0.50	1										
VICE CHAIR		X		Х				0.	0.	0.		
(4) CHUCK THOMPSON	1.00					i			_	_		
TREASURER		Х	L.,	Х				0.	0.	0.		
(5) SEIGEL HEFFINGTON	0.50								_	_		
MEMBER		Х			<u> </u>			0.	0.	0.		
(6) CASEY KILLBLANE	0.50							_	_			
MEMBER		X			L	_	L	0.	0.	0.		
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Pai	rt VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,			ghes	st C	compensated Employee	s (continued)			
,	(A)	(B)			-	C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck			ODA	Reportable	Reportable		Estimate	eđ
		hours per	box	, unle	ss pe	rson	ıs boll	h an	compensation	compensatio	n	amount	of
		week		cerar	nd a d	irecto	or/trus	Teej	from	from related		other	
		(list any	trustee or director						the	organization		compensa	
		hours for related	ğ	, n			ated		organization	(W-2/1099-MIS	sC)	from th	
		organizations	ustee	trust		يو	Dens	ł	(W-2/1099-MISC)			organizat	
		below	la la	onal		ploye	5 2	١.				and relat organizati	
		line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	E G				organizati	0113
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1b	Subtotal							ightharpoons	14,000.		0.		0.
С	Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.		0.
d	Total (add lines 1b and 1c)							▶	14,000.		0.	_	0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;		_
	compensation from the organization												0
												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s											3	Х
4	For any individual listed on line 1a is the su									he organization	1		·
	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	dual for services			
	rendered to the organization? If "Yes, " com	plete Schedule	J f	or su	ıch ı	oers	on					5	X
	tion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·				
1	Complete this table for your five highest co										ensa	ion from	
	the organization Report compensation for	tne calendar ye	ear e	ndır	ıg w	ith c	or wi	(NIN		ear I		(C)	
	(A) Name and business	address	NIC	ገእተ፣					(B) Description of s	ervices	C	(C) ompensatio	n
	Traine and business		TAC	ONE					200011011011011				
													
													_
													_
2	Total number of independent contractors (ii	-	ot lin	nited	d to t	_		ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	zation					<u> </u>					- 000 /	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1a 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 353,645. 1f similar amounts not included above g Noncash contributions included in lines 1a-1f 353,645 h Total, Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (II) Personal 6 a Gross rents 6a b Less rental expenses 6b c Rental income or (loss) l 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses 7b Revenue 7c c Gain or (loss) d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d 0. 0. 353,645. 12 Total revenue See instructions

Form 990 (2020) OKLAHOMA SPEAKER'S BALL, INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		50.00		
	and domestic governments. See Part IV, line 21	50,000.	50,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	44 000	4.4.000		
	trustees, and key employees	14,000.	14,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<u> </u>
11	Fees for services (nonemployees)				
а	Management	2,337.		2,337.	
þ	Legal				
С	Accounting	1,365.		1,365.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses	2,557.		2,557.	
14	Information technology	8,308.		8,308.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)			,	
а	EVENT CONSULTING FEES	99,277.	99,277.		
b	CATERING	82,236.	82,236.		
С	DECORATIONS	68,925.	68,925.		
d	ENTERTAINMENT/AUDIO VIS	63,775.	63,775.		
е	All other expenses	4,504.	4,504.		
25	Total functional expenses Add lines 1 through 24e	397,284.	382,717.	14,567.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Chark here (4 following SOR 98-2 (ASC 958-720)	1		ŀ	

Part X Check if Schedule O contains a response or note to any line in this Part X **(B)** (A) End of year Beginning of year 514,760. 471,121. 1 Cash - non-interest bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c Less accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 471,121 514,760. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here > X Assets or Fund Balances and complete lines 27, 28, 32, and 33. 514,760. 471,121. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds Net 514,760. 471,121. 32 32 Total net assets or fund balances 471,121. 514,760. 33 Total liabilities and net assets/fund balances

Form	990 (2020) OKLAHOMA SPEAKER'S BALL, INC.	20-	-2018083	Pag	e 12
	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	353		
2	Total expenses (must equal Part IX, column (A), line 25)	2	397		
3	Revenue less expenses Subtract line 2 from line 1	3	-43		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	514	<u>, 76</u>	<u> </u>
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	471	,12	<u> 1.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш.
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u>	— -	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			·į
	separate basis, consolidated basis, or both		[]		j
	Separate basis Consolidated basis Both consolidated and separate basis			<u></u> - -	
b	Were the organization's financial statements audited by an independent accountant?		2b	\rightarrow	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both		- ;	, ,	Ĭ
	Separate basis Consolidated basis Both consolidated and separate basis		-	_ -	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho			-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	99U (2	2020)

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

INC

BALL,

OKLAHOMA SPEAKER'S

2020	Open to Public	Inspection

Employer identification number

20-2018083

≗ ⊠ Schedule I (Form 990) 2020 (h) Purpose of grant or assistance SENERAL OPERATING \rightarrow \text{\rightarrow} Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SXPENSES Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 50 000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 46-4504748 501(C)(3) General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization REMERGE OF OKLAHOMA COUNTY or government OK 73101 ОКГАНОМА СІТУ PO BOX 2845 ₹Part II ¾ Part

Page 2 Schedule I (Form 990) 2020 (f) Description of noncash assistance 20-2018083 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule | (Form 990) 2020 OKLAHOMA SPEAKER'S BALL, INC.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 032102 11-02-20 Part IV

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2020
Open to Public Inspection

► Attach to Form 990 or 990-EZ. Department of the Treasury Inspection ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number 20-2018083 OKLAHOMA SPEAKER'S BALL, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OKLAHOMA SPEAKER OF THE HOUSE; TO CELEBRATE THE COMMENCEMENT OF THE OKLAHOMA LEGISLATIVE SESSION; AND TO BENEFIT A WORTHY OKLAHOMA 501(C)(3) CHARITABLE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE CURRENTLY NO COMMITTES ABLE TO ACT ON BEHALF OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE TREASURER AND CHAIR. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY COVERS ALL BOARD MEMBERS AND EXECUTIVE DIRECTORS. CONFLICTS ARE REVIEWED AND DETERMINED BY THE CHAIR OF THE BOARD. IF THE CHAIR HAS A CONFLICT, IT IS REVIEWED AND DETERMINED BY THE REMAINING BOARD MEMBERS. A PERSON WITH A CONFLICT HAS TO RECUSE HIM/HERSELF FROM ANY INVOLVEMENT WITH THAT PARTICULAR MATTER. FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR IS THE ONLY POSITION LISTED ABOVE FOR WHICH COMPENSATION IS RECEIVED. THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED EACH YEAR BY THE BOARD OF DIRECTORS. THE REVIEW INCLUDES THE CHAIR OF THE

BOARD COMPARING THE EXECUTIVE DIRECTOR'S COMPENSATION TO OTHER SIMILAR

ORGANIZATIONS IN OKLAHOMA.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization OKLAHOMA SPEAKER'S BALL, INC.	Employer identification number 20-2018083
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AR	E PUBLICLY
AVAILABLE UPON REQUEST TO OKLAHOMA SPEAKERS BALL, INC. FIN	ANCIAL STATEMENTS
ARE PUBLICLY FILED WITH THE OKLAHOMA ETHICS COMMISSION AND	ARE MADE
AVAILABLE ONLINE BY THE COMMISSION.	
	<u> </u>