50 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2012

Open to Public Inspection

A	For the	2020 calend	ar year, or tax year beginning , 2020,	and ending		, 20
B Check if applicable			C Name of organization ?	D	Employer ic	lentification number
Address change Name change			Oklahoma City Astronomy Club		•	731532941
			Number and street (or P O box if mail is not delivered to street address)			
=	Initial retu		PO Box 22804		(40	05) 820-5942
$\overline{}$	Final retui	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	Ø F	Group Exe	emption
=		on pending	Oklahoma City, OK 73123-1804	0 り	Number	> 2
G /	Accoun	ting Method	Cash ☐ Accrual Other (specify) ►	H Ch	eck ▶ 🗹	if the organization is not
1 4	Nebsite	e. 🕨 www	okcastroclub com			tach Schedule B
J T	ax-exer	mpt status (che	eck only one) - 🔽 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) c	r □527 (Fo	orm 990, 99	0-EZ, or 990-PF)
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other			
LA	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total as	sets	
(Pa	rt II, col	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ §	39,544 24
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the in	structions	s for Part I) 🕜
		Check If	the organization used Schedule O to respond to any question	in this Part I .	<u> </u>	<u> </u>
7.	1	Contribution	ons, gifts, grants, and similar amounts received		. 1	15,871 92
?	2	Program se	ervice revenue including government fees and contracts		2	10,162 00
, ? ,	3	Membersh	ip dues and assessments		3	9,780 00
.7,	4	Investment	income		. 4	159 52
	5a		unt from sale of assets other than inventory <u>5a</u>		<u> </u>	
	b		or other basis and sales expenses . 5b		0	
	С	Gain or (los	ss) from sale of accets other than inventory (subtract line 5b from I	. 5c	0	
	6	_	d fundraising events.		-	
d)	а	Gross inco	ome from paming (attach Schedules G if greater than	1		
Ž	,	\$15,000)	5. WAN 20 2021 (8)	<u> </u>	0	
Revenue	b		1 ~_ *	of contributions		
æ			aising events (Peorled on the t) (attach Schedule G if the	1		
			h gross (ncome and contributions exceeds \$15,000) 6b		<u> </u>	
	C		t expenses from gaming and fundraising events . 6c	d Ch and author	- 0	
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and	u ob and subtra	1	•
		•			6d	0
	7a		s of inventory, less returns and allowances		9 67	
	b		of goods sold	3,97	767 7c	(408 87)
	8 8		nue (describe in Schedule O)		. 8	(408 87)
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	▶ 9	35,564 57
	10		similar amounts paid (list in Schedule O)	•	10	- 0
	11		and to or for members		11	
es	12	•	her compensation, and employee benefits ?		12	
ıse	13		al fees and other payments to independent contractors 🔃 .		13	0
ber	14		r, rent, utilities, and maintenance		. 14	5,129 65
Expense	15		iblications, postage, and shipping		15	242 72
	16		nses (describe in Schedule O) 12		16	136,190 61
	17		nses. Add lines 10 through 16		▶ 17	141,563 02
<i>(</i> 0	18		deficit) for the year (subtract line 17 from line 9)	•	18	(105,998 45)
šets	19		or fund balances at beginning of year (from line 27, column (A))	(must agree w	ıth	
ASS			r figure reported on prior year's return)		. 19	280,517 46
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	•	. 20	0
Ź	21		or fund balances at end of year. Combine lines 18 through 20 .	•	▶ 21	174,519 01
F	D			No. 106431		5 990- E7 (2000)

?

2 [Par	t II	Balance Sheets (see the instructions					- -
			Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	<u> </u>
						(A) Beginning of year	ļ,	(B) End of year
2	22	Cash	savings, and investments		[280,517 46	22	174,509 0
2	23	Land	and buildings				23	
2	24	Othe	assets (describe in Schedule O) .		[. 0	24	(
2	25	Tota	assets			280,517 46	25	174,509 0
2	26	Tota	liabilities (describe in Schedule O) .			0	26	
2	27	Net a	ssets or fund balances (line 27 of columi	n (B) must agree with	h line 21)	280,517 46	27	174,519 01
2 6	art		Statement of Program Service Accom	nplishments (see th	ne instructions for l	Part III)		
			Check if the organization used Schedule	O to respond to a	ny question in this	Part III] ,_	Expenses
W	/hat	is the	organization's primary exempt purpose?	Public Education Re	garding Astronomy			quired for section (c)(3) and 501(c)(4)
as	s me	easure	organization's program service accompl by expenses in a clear and concise refited, and other relevant information for e	nanner, describe the	f its three largest pe services provided	orogram services, d, the number of		anizations, optional fo
2 2		amate	t annual Okie-Tex Star Party (OSTP) near Ke r astronomers from around the U.S. and othe mical objects, topics, and techniques					
	?	(Grants	\$) If this amoun	t includes foreign gra	ants, check here	▶ □	28a	133,422 6
2	29	Operat	and maintain the Cheddar Ranch Observator	ory (CRO) near Waton	ga, OK CRO is a dai	rk-sky		
	•	facility	from which club members and the public ma	y observe and photog	graph astronomical o	bjects		
		CRO IS	open to members, students, scout groups &	the general public, si	erving 300 - 500 anni	ually		
	Ī	(Grants	\$) If this amoun	t includes foreign gra	ants, check here .	. ▶ 🗆	29 a	6,245 66
;	30	Condu	t monthly meetings for club members and the	ne public featuring sp	eakers about astron	omical topics		
		Condu	t observing events for members and the pul	olic such a eclipses, p	ublic star parties, ar	nd instruction	•	
		regard	ng what and how to observe These events s	erve several hundred	per year			
		(Grants	\$) If this amoun	t includes foreign gra	ants, check here	. ▶ 🗆	30a	3,081 1
:	31							
		(Grants	\$) If this amoun	t includes foreign gra	ants, check here	▶ □	31a	·
;	32 ⁻	Total	rogram service expenses (add lines 28a	through 31a) .		. •	32	142,749 4
G	art	: IV	List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	h one even if not com	pensated-see the i	nstru	ctions for Part IV)
			Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		🗆
			? (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	-	Estimated amount on the compensation
c	harl	les Rice					+	· · · · · ·
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		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
_				Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		v	
2	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		V	2
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	
'	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
	С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $^{\prime}$	36		'	121
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a]	4	Š	逐	
	b	Did the organization file Form 1120-POL for this year?	37b		~	
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		<u> 1382.</u>		
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	11.00		2
	ь	If "Yes," complete Schedule L, Part II, and enter the total amount involved . 38b				
	39	Section 501(c)(7) organizations Enter:	100			
	a	Initiation fees and capital contributions included on line 9				
. ,	`b 40a	Gross receipts, included on line 9, for public use of club facilities . [39b] Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	. 10 L 1			
	700	section 4911 ► , section 4912 ► ; section 4955 ►				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.				
		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>~</u>	[2]
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
	41	List the states with which a copy of this return is filed ▶ Oklahoma				
	42a		05) 82		2	
			73123			
	Ь	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)?	406	Yes	NO_	
		If "Yes," enter the name of the foreign country ▶	42b	F-8508	\$18°25'24	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	3750			
		Financial Accounts (FBAR)		5		
	, с	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		<u>/</u>	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . 43		•	▶ □	
				Yes	No	-
-	44a	completed instead of Form 990-EZ	44a		~	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	۲ مآباد آباد معدد المستعدد		
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	7.55	<u>/</u>	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b			

Form 99	0-EZ (20	20)						, F	age 4
46	Did th	e organization engage, directly or in	directly, in political c	ampaign activities	on behalf of	f or in opposi	tion	Yes	No
40		ndidates for public office? If "Yes," c					46		~
Part		Section 501(c)(3) Organizations		·					 _
гагс	VI .	All section 501(c)(3) organizations	s must answer due	stions 47–49h an	d 52 and	complete th	e tables	for lin	es
		50 and 51.	o must answer que	3(10113 47 400 011	a oz, ana	oomplote in	o tabioo		-
			adula O ta raspand	to any avostion i	n this Part \	/1			
		Check if the organization used Sch	ieduje O to respond	to any question in	TUIS FAIL	<u> </u>		· ·	
				. 504(1)				Yes	No
47		ne organization engage in lobbying			tion in erre	ct auring the			
	,	If "Yes," complete Schedule C, Part	•	• 47					
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedule	E	48		~
49a	Did th	ie organization make any transfers to	an exempt non-cha	ritable related orga	nization?		49a	<u> </u>	~
b	If "Ye	s," was the related organization a se	ction 527 organizatio	on?			49b)	
50	Comr	plete this table for the organization's	five highest compen-	sated employees (d	other than o	fficers, direct	ors, truste	es, ar	id key
	emolo	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization I	f there is non	e, enter "l	None.	
	Gp.		*			alth benefits,			
	(-)	Name and title of each ampleyee	(b) Average	(c) Reportable		ons to employee	(e) Estimat	ted amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS		ns, and deferred	other co	mpensa	tion
				,	com	pensation			
NONE									
			· ·						
				1					
-									
				 					
f	Total	number of other employees paid over	er \$100,000 .	>		_			
51	Com	olete this table for the organization'	s five highest compo	ensated independe	ent contract	ors who eacl	h received	d more	e than
		000 of compensation from the organ							
				(h) Tuno of a		10) Compensa	tion	
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service	,,,	, Compensa	illon	
NONE	-		<u>.</u>						
				1					
				-					
				_		ļ			
				_					
				<u> </u>					
				1					
<u>۸</u>	Total	number of other independent contra	octors each receiving	over \$100 000	. •		0		
		•		•		must attac			
52		he organization complete Schedu leted Schedule A .	ile A! Note: All Se	ection 501(c)(5) or	yarıızanons	must attac	່າ ▶ ເ⊿ Ye	<u> </u>	No
		<u> </u>	·			· · · · · ·			
		of perjury, I declare that I have examined this i					nowledge ar	nd belief	, it is
true, co	rrect, an	d complete Declaration of preparer (other than	onicer) is based on all into	ormation of which prepar	reinasany kno	wieuge	0		
		Michael Mad	4cm			13 Mar	n 20	21	
Sign		Signature of officer				Date		•	
Here	?	Michael Madden, Treasurer							
		Type or print name and title							
	L_	Print/Type preparer's name	Preparer's signature		Date		, PTIN		
Paid		Fillo Type preparer's name	, spars o signaturo			Check L	J if		
Prep	arer	<u> </u>			————	self-emple	Jyeu		
Use		Firm's name ▶				Firm's EIN ▶			
		Fırm's address ▶				Phone no			
May t	ha IRS	discuss this return with the preparer	shown above? See	instructions			▶ 🗌 Ye	s 🗇	No

Form **990-EZ** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization									
	Oklahoma City Astronomy Club 73-1532941								
Part I Reason for Public Charity Status. (All organizations must complete this part) See instructions.									
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
	A hospital or a cooperative ho		•		. , .		(iii) Entartha		
4	A medical research organization hospital's name, city, and star	•	onjunction with a nos	pitai dest	indea in s	section 170(b)(1)(A)	(III). Enter the		
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, state, or local gover	•	mental unit described	l in sectio	on 170(b))(1)(Δ)(v).			
	An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public		
8	☐ A community trust described	in section 170(b))(1)(A)(vi). (Complete	Part II)					
	An agricultural research organ or university or a non-land-gra university	nization described	d in section 170(b)(1)	(A)(ix) op					
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and un	nctions, subject to ce related business taxa	rtain exc ble incon	eptions, a ne (less si	and (2) no more than ection 511 tax) from	1 331/3% of its		
11	An organization organized and	d operated exclus	sively to test for publi	c safety	See sect	ion 509(a)(4).			
12	☐ An organization organized and	•	•	•					
	of one or more publicly supp Check the box in lines 12a thro	ough 12d that des	scribes the type of sur	porting o	organizati	on and complete line	es 12e, 12f, and 12g		
а	Type I. A supporting organization supporting organization y	n(s) the power to	regularly appoint or e	lect a ma	jority of t				
b	Type II. A supporting orga control or management of organization(s) You must	the supporting o	rganization vested in	the same		• •			
С	Type III functionally integ				onnectio	n with, and function:	ally integrated with		
·	its supported organization						any intogrator man,		
d	Type III non-functionally that is not functionally interequirement (see instructional see instructional see instructional see instructions).	integrated. A su grated The orga	ipporting organization nization generally mu	operated st satisfy	d in conni a distribi	ection with its suppo ution requirement an			
_	· · · · · · · · · · · · · · · · · · ·	•	•				. II. T III		
е	Check this box if the organ functionally integrated, or						е п, туре ш		
f	Enter the number of supported				. ga .				
g	Provide the following information	-	orted organization(s)	·		•	L		
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
		-							
(A) 									
(B)									
(C)									
(D)									
(E)							<u> </u>		
					L				

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.)

	if the organization fails to qualify	under the te	sts listed bei	ow, please co	mpiete Part i	11.)			
	on A. Public Support			() 00/0	4.0.0040	() 0000	(0 T . 1		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	' (d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees						0.40.400.44		
2	received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	13,986 00	64,606 00	27,067 51	206,441 64	28,037 29	340,138 44		
_	sold or services performed, or facilities								
	furnished in any activity that is related to the				1	44 504 05	40/ 504 00		
_	organization's tax-exempt purpose	39,802 00	41,919 40	56,385 46	46,918 08	11,506 95	196,531 89		
3	Gross receipts from activities that are not an- unrelated trade or business under section 513						•		
		0	0	0	0	0	0		
4	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf .						0		
_	·	0	0	0	0	0	0		
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge	0	0	0	o	0			
6	Total. Add lines 1 through 5	53,788 00	106,525 40		253,359 72	39,544 24	536,670 33		
6 7a	Amounts included on lines 1, 2, and 3	33,788 00	100,525 40	63,432 77	233,337 72	37,344 24	330,070 33		
14	received from disqualified persons .	0	o	0	0	o	٠ .		
b	Amounts included on lines 2 and 3			, and the second					
D	received from other than disqualified								
	persons that exceed the greater of \$5,000					-			
	or 1% of the amount on line 13 for the year	/ o	o	0	0	ا. وا	0		
С	Add lines 7a and 7b	0	0	0	0	0	0		
8	Public support. (Subtract line 7c from	\$11.686015.6%			Section to	154 F#W. 334			
	line 6.)						536,670 33		
Secti	on B. Total Support	15 5		744.	D 7 341.72	[``			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9	Amounts from line 6	53,788 00			253,359 72	39,544 24	536,670 33		
10a	Gross income from interest, dividends,						_		
	payments received on securities loans, rents,								
	royalties, and income from similar sources	0	. 0	, O	* '0	0	0		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975	0	0	0	0	0	0		
C	Add lines 10a and 10b	0	0	0	0	0	0		
11	Net income from unrelated business					ŀ			
	activities not included in line 10b, whether					l			
	or not the business is regularly carried on	0	0	0	0	0	0		
12	Other income Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI)			_			•		
42	• •	0	0	0	, 0	0	0		
13	Total support. (Add lines 9, 10c, 11, and 12)	F2 700 00	104 525 40	02 452 07	252 250 72	39,544 24	E24 470 22		
14	First 5 years. If the Form 990 is for the	53,788 00			253,359 72		536,670 33		
177	organization, check this box and stop he	•	s ilist, second	, triira, tourar,	Or milit tax ye	al as a section	► T		
Secti	on C. Computation of Public Suppo			•	•				
15	Public support percentage for 2020 (line			13 column (f)		15	100 %		
16	Public support percentage from 2019 Sc		•		•	16	100 %		
	on D. Computation of Investment In			· · ·	•	1 1			
17	Investment income percentage for 2020			by line 13, colu	mn (f))	17	. 0 %		
18	Investment income percentage from 201								
19a	331/3% support tests-2020. If the organ		-	c on line 14, ai	nd line 15 is m				
	17 is not more than 331/3%, check this box								
ь	331/3% support tests-2019. If the organi		_			-	_		
	line 18 is not more than 331/3%, check this								
20	Private foundation. If the organization d	lid not check a	box on line 14	, 19a, or 19b, o	heck this box	and see instruc	ctions ► 🗌		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Inspection

20**20** Open to Public

Name of the organization Employer identification number Oklahoma City Astronomy Club 73-1532941 990-EZ PART I Line 16 Bank Safe Deposit Box 45 00 Insurance 1,724 20 Office Supplies 45 59 Sales Tax 150 62 Awards 63 22 Hospitality, Outreach, Public Education 1,206 60 Publicity 500 00 Registration Refunds 4,755 00 Caterer 233 50 Building Construction 126,751 88 Astronomical League Dues 715 00