

# Return of Organization Exempt From Income Tax

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

**2021**

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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2021 calendar year, or tax year beginning Jul 1, 2021, and ending Jun 30, 2022

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF OKLAHOMA, INC.  
 Doing business as PARENT PROMISE  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
P.O. BOX 42286  
 City or town, state or province, country, and ZIP or foreign postal code  
Oklahoma City, OK 73123

**D** Employer identification number  
73-1284538

**E** Telephone number  
(405) 232-2500

**G** Gross receipts \$ 1,703,968.

**F** Name and address of principal officer:  
SHERRY FAIR, P.O. BOX 42286, OKLAHOMA CITY, OK 73123

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.PARENTPROMISE.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1989 **M** State of legal domicile: OK

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO PREVENT THE NEGLECT AND ABUSE OF OKLAHOMA'S CHILDREN BY PROVIDING EVIDENCE-BASED PARENT EDUCATION AND SUPPORT. PARENT PROMISE PRIMARILY SERVES AT-RISK, LOW-INCOME FAMILIES IN OKLAHOMA COUNTY AND THE SURROUNDING METROPOLITAN AREA.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>25</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,224,668.	1,676,858.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,930.	5,490.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	727.	4,612.
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,966.	-59,296.
		1,246,291.	1,627,664.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	988,939.	1,097,484.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>108,322.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	306,051.	357,187.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,294,990.	1,454,671.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-48,699.	172,993.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	937,172.	935,138.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	448,847.	282,318.
	488,325.	652,820.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 02/16/2023

SHERRY FAIR, EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: MATTHEW L. COLE Preparer's signature: \_\_\_\_\_ Date: 2/16/23 Check  if self-employed PTIN: P02039803

Firm's name ▶ HSPG & ASSOCIATES, PC Firm's EIN ▶ 20-5861398

Firm's address ▶ 5400 N. GRAND BLVD., STE. 330, OKLAHOMA CITY, OK 73112 Phone no. (405) 844-9995

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Form **8879-TE**

### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning Jul 1, 2021, and ending Jun 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF OKLAHOMA, INC. EIN or SSN 73-1284538  
Name and title of officer or person subject to tax SHERRY FAIR, EXECUTIVE DIRECTOR

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>1,627,664.</u>
2a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, item D) . . . . .	8b _____
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate services provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HSPG & ASSOCIATES, PC to enter my PIN 

8	4	5	3	8
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 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Sherry J. Fair

Date ▶ 2-16-23

**SIGN HERE**

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7	3	2	1	6	4	3	9	8	0	3
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Signature]

Date ▶ 2/16/23

**ERO Must Retain This Form -- See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**



# Oklahoma Return of Organization Exempt from Income Tax

Form 512E  
2021



Section 501(c) of the Internal Revenue Code

<b>PART 1</b>	For the year January 1 - December 31, 2021, or other taxable year beginning: <input type="text" value="JULY 1"/> <input type="text" value="2021"/> ending: <input type="text" value="JUNE 30"/> <input type="text" value="2022"/>	Place an 'X' if:
		(1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Amended return (See Schedule 512E-X on page 2)

Name of organization EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF OKLAHOMA, INC		Federal Employer Identification Number 73-1284538	Date qualified for tax exempt status
Address (number and street) P.O. BOX 42286			
City OKLAHOMA CITY	State or Province OK	Country	ZIP or Foreign Postal Code 73123

**PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME** (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990		
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990		
C Unrelated business taxable income - Enter here and on line 1 below		

INCOME SUBJECT TO TAX		
1 Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	00
2 Other net income - provide schedule	2	00
3 Oklahoma Capital Gain deduction (provide Form 561-C)	3	00
4 Oklahoma taxable income (total of lines 1, 2 and 3)	4	00

TAX COMPUTATION		
5 Tax at 6% of line 4. If trust, see rate schedule on page 2 and place an "1" in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "2" in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box	5	00
6 Less: Other Credits Form (total from Form 511-CR)	6	00
7 Balance of tax due (line 5 minus line 6, but not less than zero)	7	00
8 2021 Oklahoma estimated tax and extension payments and prior year carryforward	8	00
9 Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9	00
10 Amount paid with original return and amount paid after it was filed (amended return only)	10	00
11 Any refunds or overpayment applied (amended return only)	11	( ) 00
12 Total of lines 8 through 11	12	00
13 Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	00
14 Amount of line 13 to be credited to 2022 estimated tax (original return only)	14	00

15 Donations from your refund. <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$_____	15	00
16 Add lines 14 and 15 and enter amount	16	00
17 Amount to be refunded to you (line 13 minus line 16). <b>Refund.</b>	17	00

<p><b>Direct Deposit Note:</b> →</p> <p>All refunds must be by direct deposit. See Direct Deposit Information on page 4 for details.</p>	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Deposit my refund in my: <input type="checkbox"/> checking account <input type="checkbox"/> savings account	
	Routing Number: _____	Account Number: _____

18 Tax Due (if line 7 is larger than line 12 enter tax due)	18	0 00
19 Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #5).	19	00
20 For delinquent payment, add penalty of 5% plus interest at 1.25% per month	20	00
21 Underpayment of estimated tax interest <input type="checkbox"/> Annualized	21	00
22 Total tax, penalty and interest due - Add lines 18-21; pay in full with return <b>Balance Due</b>	22	0 00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee	Date	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input checked="" type="checkbox"/>	Signature of Preparer	Date
Print Name SHERRY FAIR			Printed Name of Preparer HSPG & ASSOCIATES, PC 20-5861398	#1/6/23
Title EXECUTIVE DIRECTOR	Phone Number 405-232-2500		Phone Number: 405-844-9995	Preparer's PTIN: P02039803

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.