

# THE SOONER THEATRE OF NORMAN, INC.

ANNUAL REPORT FY 2020-2021







## LOOKING BACK, PLANNING AHEAD

This report highlights our most recent completed Fiscal Year, beginning July 1, 2020 and ending June 30, 2021, based on the date it is due to the City of Norman (February 2022). As everyone is well aware, much of the fiscal year (FY2021), looked quite different than years past. We will discuss our policies, guidelines and practices, as well as how we have been and will continue to safely return to programming in our presentation to the council.

## THE NUMBERS TELL THE STORY

Each year, the City of Norman invests \$65,274 in funding for salaries at The Sooner Theatre. This amount represented 9% of our total budget in FY '21, which was \$705,506 (adjusted from original budget of \$920,100 due to pandemic), and 20% of our contributed income, which for FY 2021 was \$330,429.

We are incredibly grateful to the City of Norman for the municipal funding, and want you to know how proud we are to be stewards of this beautiful building.

While only 5601 audience members attended Sooner Theatre events in person during FY '21 due to the closures and social distance and limits on attendance the pandemic caused, they spent, on average, \$44.21 per person in our community, with an economic impact of \$247,620. That number does not include audiences who viewed Sooner Theatre programs online or through our social media channels, which was estimated at 119,806. In addition, parents of the hundreds of students enrolled at The Studio of The Sooner Theatre contribute to Norman revenue by purchasing dance clothes, dance shoes, makeup, hair and wig products and anything else needed, as well as by frequenting restaurants and coffee shops in downtown Norman each week while they wait for students. And, the theatre purchases lumber, fabric and supplies locally to build every set and costume for every show. We also saw 819 enrolled in camps and classes at The Studio of The Sooner Theatre (up from the previous year, but lower than pre-pandemic numbers due to COVID), and \$16,121 given back in scholarships for tuition to 107 students who could otherwise not afford to participate.

According to the Norman Economic Development Coalition, the input from our salary base and contracted instructors, shows **an economic impact of nearly \$2,000,000.00** in the community annually. We are so proud of the impact we make on the Norman community and on communities surrounding Norman. And, we are extremely grateful for community leaders who understand the impact the arts have on our community!

# THE SOONER THEATRE OF NORMAN

The Sooner Theatre is listed on the National Registry of Historic Places and is truly a Norman landmark. The theater building is owned by the City of Norman and the Board and Staff of The Sooner Theatre of Norman Inc., are proud “stewards” of the management and activities of the facility, and have made significant investments of time, effort and resources to assure the survival of The Sooner - Norman’s Premier Performing Arts Venue and Academy.

## OUR MISSION

The mission of The Sooner Theatre is to change lives, offer diverse perspectives and create a cultural connection to the community through the performing arts and arts education.

## OUR VISION STATEMENT

Our vision is to create a space for instilling creativity and passion for the arts, provide a place for students to find their voices, promote inclusion and healing through the arts and elevate the quality of life by providing diverse performing arts opportunities for all ages in our community.

## OUR FUNCTION STATEMENTS

**PRESENT** quality theatrical productions

**PROVIDE** quality performing arts instruction for students ages 3-18

**PROVIDE** a quality venue for the presentation of cultural, artistic, educational and community development activities that improve the quality of life for our citizens and to **SERVE** as an historic anchor for the development of partnerships with other arts and business entities to create a revitalized, downtown arts district for Norman.

## DIVERSITY MATTERS

The Sooner Theatre strives to provide programming that is diverse in all aspects. We actively seek ethnic, gender and ability diversity in casting our productions and selecting concert artists. We are diversity conscious in all casting decisions, insuring we are making as diverse decisions as possible while keeping with the intent of the writer and the story we are telling. We welcome ideas in increasing the number of diverse artists, students and audience members in all we pursue. We also work with groups whose clients may be from under-served populations, including the United Way, Transition House, Norman Public Schools and others. We send information on programming and scholarships to all public elementary schools for distribution to all families in the Norman Public Schools. Theatre doesn’t work if we cannot tell stories with ALL types of people and characters to and for ALL people.







# **THE SOONER THEATRE BOARD OF DIRECTORS**

President, Meg Newville, Community Volunteer	Mark Ledbetter, Armstrong Bank
Vice President, Lindsay Hawkins, OU K-20 Center	Karen McIntosh-Telford, Don Cies
Treasurer, Matt Robinson, First Fidelity Bank	LeAnne Pence, Hey Day Family Fun Center
Secretary, Beth Muckala, City of Norman Asst City Attorney	Beth Pepper, Eide Bailly Accounting
Past President, Vicki Worster, Total Compliance	Shannon Roth, Victoria's The Pasta Shop
Megan Benn, Cooperative Council for Oklahoma School Admin	Amanda Ward, Norman Pediatric Dentistry

## **Advisory Members**

Jud Foster, City of Norman  
 Chuck Thompson, Armstrong Bank  
 Tom Cooper, First United Bank  
 Jerry Hargis, Theatre Consultant



## **SOONER THEATRE STAFF**

Jennifer Heavner Baker, Executive Director	Darrell Ferguson, Construction Manager
Nicki Kraisky, Business Manager (part-time)	Tish Willis, Studio Manager
Anthony Wilkinson, Production Manager	Brandon Adams, House Operations Manager
Nancy Coggins, PR & Development Director	

## **STAFFING**

Our mission, function and program direction have, each year, been approved by the City administration, and Municipal money has been provided for The Sooner to have a firm "base" for staffing the facility, and on which to build its activities. According to Theatre Facts, A Report on Practices and Performances in the American Nonprofit Theatre, a typical theatre our size, with a similar County population, and the same amount of programming will have 10 full time employees. Our current staff manages both The Sooner Theatre and



The Studio of The Sooner Theatre with 5 full-time and 2 part-time employees. We also utilize the Federal Work Study program at OU, when the opportunity arises. The Sooner Theatre utilizes contract labor for teachers, directors, choreographers, music directors, musicians and accompanists.

The Sooner Theatre provides benefits to our employees through Blue Cross Blue Shield of Oklahoma. As you know, the turnover rate in the "nonprofit world" has always been high, and even higher in the "theatre world", so offering benefits to our employees is an incredible feat for our organization. For fiscal year 2019-2020, we paid **\$21,967** in employee benefits (healthcare only), a 3% decrease over the previous fiscal year.

### USE OF PAST CITY OF NORMAN FUNDING

Salaries 2003/2004 <b>\$86,847.27</b>	Salaries 2012-2013 <b>\$168,832.83</b>
Salaries 2004/2005 <b>\$94,534.36</b>	Salaries 2013-2014 <b>\$197,617.35</b>
Salaries 2005/2006 <b>\$108,541.76</b>	Salaries 2014-2015 <b>\$197,425.55</b>
Salaries 2006/2007 <b>\$141,000.00</b>	Salaries 2015-2016 <b>\$195,934.77</b>
Salaries 2007-2008 <b>\$146,473.00</b>	Salaries 2016-2017 <b>\$205,467.27</b>
Salaries 2008-2009 <b>\$187,202.00</b>	Salaries 2017-2018 <b>\$235,314.47</b>
Salaries 2009-2010 <b>\$184,516.00</b>	Salaries 2018-2019 <b>\$243,693.22</b>
Salaries 2010-2011 <b>\$190,950.00</b>	Salaries 2019-2020 <b>\$254,486.07</b>
Salaries 2011-2012 <b>\$194,600.00</b>	Salaries 2020-2021 <b>\$243,408</b>

The Municipal money we receive in the amount of **\$65,274** was approximately **27%** of our payroll expenses (FY 2021).

Because we receive this money from the City of Norman, we are able to allocate other funding in our budget to programming that supports underserved populations in our community, including scholarships provided to students who otherwise would be unable to participate in performing arts programs due to cost, training instructors to provide specialized instruction for special needs students, and to participate in partnerships like "Trauma Drama" which helps empower and heal students in our community who have experienced chronic or extreme trauma in their lives through theater and improv exercises. We launched this pilot program in FY '19 in partnership with the Center for Family and Children, The University of Oklahoma's School of Social Work and the Norman Public Schools. This year, we were able to serve students at Norman High School through the program. After we make it through the Pandemic, the plan is to expand that program to Norman North High School and Dimensions Academy as well.

The Sooner Theatre's **earned revenue includes tickets to productions and concerts, tuition for classes** at our Studio, as well as rentals and concession sales. **Percentage of total budget** (\$705,506) from **ticketing was 13.6%, tuition revenue was 35.2%, rentals and concessions is 4.7%, contributed revenue donations/fundraisers was 46.8%** of our total budget.

According to the Norman Economic Development Coalition, the input from our salary base and contracted instructors, shows an **economic impact of nearly \$2,000,000.00** in the community.

## THEATRE ACTIVITY

Our programs serve **quality of life** needs in the areas of culture, education, theatre and music for an increasing number of citizens.

Our product tells what we stand for, what we want to offer the community and how well we know our business. At The Sooner Theatre, we host professional artists to first-timers and foster performers from 3 years old on up. Our presentations reflect our mission, our image and ultimately, they determine our survival. We embrace the fact that we are not just "Community Theatre" but "Theatre for the Community". **While only 5601** people walked through our doors last year and we were able to track ticket sales to **83 Oklahoma zip codes and 12 out-of-state!** We hope you agree that The Sooner Theatre grants a major return for City's investment.

In 2002, our Board of Directors approved a programming portfolio consisting of **seven initiatives.**



**1. THE MAIN EVENT SERIES** is The Sooner Theatre's concert series. **2020-2021 Season:** No Concerts (COVID)

Tickets to Main Event concert series shows are based on artist fees and other expenses. Tickets for the FY '20 concert ranged from \$20-\$25.



**2. SOONER STAGE PRESENTS** is The Sooner Theatre's self-produced theatrical series.

**2020-2021 Season:** Mamma Mia (Postponed to 2021-22 due to COVID) Annie, 25th Annual Putnam County Spelling Bee (Postponed to 2022-2023 due to COVID)

Tickets to Sooner Stage Presents Theatrical productions range from \$12.50-\$35 dependent on discounts.



**3. THE STUDIO OF THE SOONER THEATRE** is The Sooner Theatre's performing arts academy. The Sooner Theatre's Theatre Arts Education program impacts hundreds of children ages 3-18 each year by providing outstanding performing arts education in a warm and welcoming environment. Year-round classes follow the Norman Public Schools schedule. Fall classes begin in September and offer cumulative learning concluding in April. Summer camps are held in June and July.

The Sooner Theatre's education program began in 2003 with one summer camp production that served 30 children. **Our total enrollment in 2020-2021 exceeded 800 (down 20% due to COVID) from across the metro area.** The program has evolved into year-round performing arts school with training in the areas of musical theatre, acting, improv, voice,



and dance, as well as troupes that perform at various events throughout the community. We offer classes in musical theatre, acting, improv, magic, ballet/jazz, tap, hip-hop, private voice instruction, audition coaching and much more! We also make it a point to bring in experts in our industry to present Master Classes to our students, and have hosted Broadway performers, National Tour performers, TV personalities, Broadway casting directors, and many others. This year's classes and camps were a mix of in-person and virtual options



Studio students have been seen in many regional productions, including the OKC Philharmonic's The Christmas Show, OU productions, singing for the Thunder, Texas Motor Speedway, in many commercials and films and on hit Nickelodeon and Netflix series! Sooner Theatre students were also chosen as the munchkins in the National Tour of The Wizard of Oz, Winthrop in The Music Man in Concert with Shirley Jones, and Studio students were featured in a walk-on role in the Broadway tour of both Camelot and Waitress.

In January of FY'21, **Studio of The Sooner Theatre students attended the Junior Theatre Festival** in Atlanta for the sixth year, where our students were adjudicated and attended workshops with 6500 theatre students from across the country. **Out of the 127 groups who brought a selection from a Broadway JR show to be adjudicated, The Sooner Theatre was one of just 9 selected to perform a song from their selection on the main stage in front of all 6500 attendees from the United States, United Kingdom, China, New Zealand and Australia!** One of their adjudicators stated, "There must be some 'secret sauce' at that theater in Norman, Oklahoma, we hope you share it with everyone!" They were impressed with all aspects of our students' performance, from skill level, to acting abilities to choreography and so much more!





## BEYOND THE STAGE

There is no question that the productions of The Sooner Theatre are magical. The lights, the sound, the costumes, the sets and the talent we are lucky enough to work with - both community theatre and our youth educational productions. But, you might not be aware of all the things that happen ***Beyond The Stage***.

### Scholarships

Last fiscal year, The Studio of The Sooner Theatre gave \$16,121 in ***scholarships*** to students who could otherwise not afford to participate in performing arts classes and camps. This includes awardees of the Laurie McReynolds Memorial Scholarship, which we award by working with local non-profits, counselors and principals at Norman Public Schools elementary schools. This scholarship is awarded to a student from a diverse or underserved background chosen because of either their need for assistance, potential talent or passion for the arts, or because the student could use some help finding his or her voice.



### Special Needs Classes

We are excited to offer classes for special needs students. Our ***Be My Buddy*** class pairs elementary-age students with a student from The Studio's ambassador performance troupes to learn songs and dances. We also have a class whose name says it all - ***Fabulous Friday***! This group of teens and adults with Down syndrome will change your outlook on life. They are the most joyful, excited group of people you will ever meet. And, they can DANCE! Due to the high-risk population we

serve through our special needs programs, only our Fabulous Friday class was offered this year, and it was taught virtually.

### Trauma Drama

We partnered with the Center for Children and Families, the University of Oklahoma's Anne and Henry Zarrow School of Social Work and Norman Public Schools on a program called ***Trauma Drama***. This program is designed to work specifically





with students who have experienced major or chronic trauma. As part of a student troupe, these kids work through their trauma using theatre activities, improv and more. In FY'20, we were able to serve students at Norman High School through the program. When we get past the pandemic, the plan is to expand that program to Norman North High School and Dimensions Academy as well. We cannot wait to grow the program with incredible partners!

Tuition for Studio camps and classes ranges from \$125 for a one-week summer camp to \$550 for a school year production class. **We normally give back approx. 20% of our annual tuition** revenue in scholarships. For fiscal year 2021, total tuition revenue was \$248,304 and **scholarships given totaled \$16,121, which funded 107 instances of tuition and/or fees** over the last year.

#### 4. SPECIAL EVENTS

Due to the ongoing pandemic and the need to socially distance and limit contact, we were unable to hold our two fundraising events for FY 2021 - we were forced to cancel Voice of The Heartland vocal competition and Murder Mystery, resulting in a potential loss of about \$75,000 in contributed income to the theatre.



#### 5. RENTAL ACTIVITIES

Community organizations and individuals have the opportunity to rent the theatre for their activities, meetings or performances. Our rental revenue for 2020-2021 was \$29,450.

Rental rates are approximately \$800-\$1000 per day for use of the theatre. We also rent the Studio event space for \$300-\$1200 per day.

##### Example of community rentals

- Antioch Community Church
- Hispanic Flamenco Ballet
- Rocky Horror Picture Show
- Julia's Academy of International Dance
- Norman Chamber of Commerce
- Various Weddings & Engagements
- Pageants
- Norman Music Festival
- Various Dance Recitals
- Transition House's June Bug Jam
- Norman Police Academy
- Norman Film Festival



**6. SOONER CINEMA** is The Sooner Theatre's film and video offerings. We do not offer a film series at this time, but normally host several events each year that do show films, including Norman Music Festival, Norman Film Festival, Moore-Norman Technology Center's Red Carpet Film Festival and Earth Rebirth Film Festival (when there is no pandemic).

**7. OUTREACH AND DEVELOPMENT** is our program designed to "give back." In addition to our programming, The Sooner is deeply rooted in the community.

### **Our Outreach and Development includes:**

Partnering with United Way's Celebrity Sing, Citizen's Advisory Council, Norman Convention and Visitors Bureau, The Norman Public School's Gifted Council and the Norman Arts Council. We are represented at the Norman Downtowner's Association, Norman Arts Council's Roundtable, Norman Rotary, the United Way Cabinet, Assistance League, Norman Public Schools PTA and several other organizations.

Our Studio Ambassador Performance Troupes made up of 3rd-12th grade students also perform regularly in the community. These troupes and soloists have performed for thousands of audience members at various events to include: The Norman Music Festival, The Rodeo Opry, The OKC Thunder, OKC Arts Council's Opening Night, OKC Festival of the Arts, The State Fair of Oklahoma, Holiday Open Houses for the Norman Assistance League, Public School assemblies, Devon Arts Day, the 2009 Mayor's Convention, NAC Arts Explosion, The OKC Philharmonic, Allied Arts, The 100th Anniversary of the Depot, Norman Music Festival, Kids for Kids Sake, Earth Day, Texas Motor Speedway, the Andy Roddick Tennis Exposition, Norman's Centennial Follies, Lyric Theatre, Jewel Box Theatre, University of Central Oklahoma, OMEA All State Chorus, Oklahoma City's Centennial Parade, Norman Christmas Parade, Norman Public Schools, Oklahoma Summer Arts Institute, Norman Chamber of Commerce, May Fair, June Bug Jam, The Chocolate Festival, OEC's Annual Meeting and many more!





### **We also participate as in-kind donors for community events to include:**

- Assistance League
- Community After School Program
- Norman Arts Council
- Toby Keith Foundation
- Le Tour de Vin
- United Way of Norman
- Meals on Wheels
- Among Friends ...an Activity Center for Adults with Special Needs
- Travelers Aid & Homeless Assistance Center
- Norman Regional Hospital
- Blanchard, Purcell, Lexington, Washington and other Public School Systems
- Oklahoma Statewide Independent Living Council
- Cleveland County Family YMCA
- Travelers Aid and Homeless Assistance Center
- Norman Public Schools
- Norman Chamber of Commerce
- Meals on Wheels
- United Ministries
- University of Oklahoma
- Oklahoma Youth Orchestra
- Big Brothers Big Sisters
- Cleveland County CASA

As you can see from this list, the programming portfolio is ambitious. It is designed to provide more activities, for more groups and therefore, more audiences. This is a way to maximize Theatre appeal by a broader portion of our community, and to hopefully ensure long term fiscal return.

### **AWARDS AND HONORS**

- The Sooner Theatre is **one of three** Norman arts organizations who are current Allied Arts member agencies.
- The Sooner Theatre was the **first (and only, so far) arts organization** to have been awarded the Norman Rotary Clubs' Le Tour De Vin and the Impact Oklahoma grants funding capital projects.
- In August 2020, The Sooner Theatre was named as the Oklahoma Center for Non-profits' **ONE Award winner for Arts and Humanities.**

### **OTHER SOURCES OF INCOME**

In addition to the Municipal money our other sources of income are from our annual Murder Mystery and Voice Of The Heartland Fundraisers, Corporate Sponsorships, Business and personal donations, program advertising, grants from foundations and other granting organizations, ticket revenues from concerts and performances, tuition revenue from our camps and classes and rental fees, both at the theatre and Studio. This year, we also saw relief in the form of funding to help ease the burden of the pandemic from the SBA, Oklahoma State Arts Council, Allied Arts and more. All of these funding efforts helped our **2020-2021 operating budget of \$705,506.**

**Total earned revenue for FY 2021 was \$377,711, which accounted for 54% of our budget. Contributed income made up the remaining 46% of the budget.**

*"What we put on the stage is not only what the public sees – it is what we are."*

-Thomas Wolf

**Thank you for all you do to support the  
programs, productions, concerts and  
events of The Sooner Theatre!**

**We are very fortunate to live in a  
community who understands the value and  
the impact of the arts on its citizens.**

**We could not do what we do without you!**



# Sooner Theatre of Norman, Inc. Balance Sheet

Accrual Basis

For the Year Then Ended June 30, 2021

	Jun 30, 21
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Studio Capital Campaign	50,693.01
Sooner Theatre STARS	16,338.90
Petty Cash	650.00
Armstrong Bank Payroll	127.03
Armstrong Bank-Operations	21,745.27
<b>Total Checking/Savings</b>	89,554.21
Accounts Receivable	
Accounts Receivable	721.60
Pledges Receivable	10,000.00
<b>Total Accounts Receivable</b>	10,721.60
<b>Other Current Assets</b>	
Other Accounts Receivable	611.44
Inventory	200.00
Prepaid Expenses	85,428.21
<b>Total Other Current Assets</b>	86,239.65
<b>Total Current Assets</b>	186,515.46
<b>Fixed Assets</b>	
110 East Main St.	1,750,779.65
The Studio at the Sooner	37,496.75
Computer Equipment	33,784.78
Building Improvements	168,266.07
Equipment	41,679.45
Furniture & Fixtures	1,939.27
Sound Equipment	157,363.06
Light Equipment	137,951.07
Accumulated Depreciation	-503,971.21
<b>Total Fixed Assets</b>	1,825,288.89
<b>Other Assets</b>	
CD #617792-Armstrong Bank	149,451.85
Community Foundation Deposit	2,163.79
<b>Total Other Assets</b>	151,615.64
<b>TOTAL ASSETS</b>	<b>2,163,419.99</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	
Accounts Payable	26,443.01
<b>Total Accounts Payable</b>	26,443.01
<b>Other Current Liabilities</b>	
Paycheck Protection Plan	45,570.00
Direct Deposit Liabilities	-7,436.18
Gift Certificates Payable	470.00
Payroll Liabilities	4,813.94
Sales Tax Payable	1,977.52
<b>Total Other Current Liabilities</b>	45,395.28
<b>Total Current Liabilities</b>	71,838.29

**Sooner Theatre of Norman, Inc.**

**Balance Sheet**

Accrual Basis

For the Year Then Ended June 30, 2021

	Jun 30, 21
Long Term Liabilities	
Republic Bank-Loan # 75020415	1,115,494.47
Republic - Reno Loan #0410	81,500.00
SBA EDIL Disaster Recovery Loan	149,709.28
Total Long Term Liabilities	1,346,703.75
Total Liabilities	1,418,542.04
Equity	
Net Assets - Unrestricted	31,529.71
Retained Earnings	710,714.52
Net Income	2,633.72
Total Equity	744,877.95
TOTAL LIABILITIES & EQUITY	2,163,419.99

# Sooner Theatre of Norman, Inc. Profit & Loss

Accrual Basis

For the Year Then Ended June 30, 2021

	Jun 21	Jul '20 - Jun 21
Ordinary Income/Expense		
Income		
Sooner Stage Presents	0.00	26,224.49
Studio Production Class	43.86	31,515.75
The Studio Revenue	65,740.75	286,528.19
Concessions	3,453.10	3,992.10
Rental Income	2,925.00	29,450.00
Total Income	72,162.71	377,710.53
Cost of Goods Sold		
Sooner Stage Presents Costs	0.00	25,876.77
Production Class Costs	248.52	47,784.26
The Studio Costs	33,417.95	145,872.98
Young Producers Costs	0.00	14,752.10
The Studio Overhead Costs	1,377.05	22,732.57
Murder Mystery Costs	0.00	7,185.75
Concessions Costs	1,789.60	1,789.60
Rental Costs	200.00	2,132.50
Total COGS	37,033.12	268,126.53
Gross Profit	35,129.59	109,584.00
Expense		
Marketing	4,822.86	28,339.91
Bankcard Service Charges	326.40	3,845.03
Global Payment Credit Card Fees	952.72	6,730.49
Jackrabbit Fees	347.15	2,392.33
Sales Tax	1,733.90	6,847.67
Community Outreach Projects	325.00	325.00
Payroll Expenses	17,420.50	206,247.94
Employee Benefits	2,395.64	28,856.72
Telephone & Internet	745.07	8,695.27
Bank Charges	34.50	917.00
Technical Supplies	105.84	2,675.81
Office Supplies	586.88	3,714.64
Equipment Lease	653.72	8,363.72
Community Outreach	350.00	350.00
Contract Labor	0.00	9,210.74
Custodial Services	750.00	7,075.00
Dues and Licenses	1,212.78	4,371.18
Insurance	1,411.59	27,133.09
Postage	65.40	312.39
Professional Fees	0.00	67.60
Rent	0.00	1,320.00
Theatre Expenses	1,953.59	7,513.97
Miscellaneous Expenses	0.00	1,889.27
Total Expense	36,193.54	367,194.77
Net Ordinary Income	-1,063.95	-257,610.77



# Sooner Theatre of Norman, Inc.

## Profit & Loss

Accrual Basis

For the Year Then Ended June 30, 2021

	Jun 21	Jul '20 - Jun 21
Other Income/Expense		
Other Income		
SBA/PPP Loan Forgiveness	0.00	46,600.00
Other Income	0.00	731.70
Grant Income	0.00	186,453.00
Advertising Income	1,962.50	3,372.50
Voice of the Heartland Fundrais	0.00	33.93
STARS Fundraiser	0.00	4,829.84
Board Donations	0.00	950.00
Friends Donations	1,962.49	80,772.08
Interest Income	154.08	1,878.15
Miscellaneous Income	128.00	983.03
Refund	0.00	3,824.54
Total Other Income	4,207.07	330,428.77
Other Expense		
Studio Capital Campaign Expense	0.00	200.00
STARS Fundraiser COS	0.00	7,670.49
Interest Expense	4,813.47	60,563.79
Fundraising Expense	0.00	1,750.00
Total Other Expense	4,813.47	70,184.28
Net Other Income	-606.40	260,244.49
Net Income	-1,670.35	2,633.72

**SOONER THEATRE of NORMAN, INC.****Annual Budget-Accrual Basis**

For the Year Ended June 30, 2021

	Year to Date	Annual	
	Actual	Budget	Variance
Total Revenues	377,710.53	701,900.00	(324,189.47)
Less Total Costs	268,126.53	463,030.00	(194,903.47)
Total Gross Profit	109,584.00	238,870.00	(129,286.00)
Total Other Income	330,428.77	218,230.00	112,198.77
Less Total Overhead Costs	437,379.05	457,100.00	(19,720.95)
Total Profit or (Loss)	2,633.72	0.00	2,633.72

For Discussion Purposes Only

# SOONER THEATRE of NORMAN, INC.

## Overhead Costs and Other Income

Annual Budget-Accrual Basis

For the Year Ended June 30, 2021

	Actual	Budget	Variance
Overhead Costs			
Salaries & Benefits	217,565.05	224,000.00	(6,434.95)
Payroll Taxes	17,539.61	16,500.00	1,039.61
Telephone & Internet	8,695.27	9,000.00	(304.73)
General Marketing	28,339.91	46,000.00	(17,660.09)
Other Expenses-( Note 1)	165,239.21	161,600.00	3,639.21
Total Overhead Costs	437,379.05	457,100.00	(19,720.95)
Other Expenses			
Bankcard Charges	3,845.03	8,500.00	
Global Credit Card Fees	6,730.49	9,000.00	
Jack Rabbit Fees	2,392.33	2,000.00	
Sales Tax	6,847.67	14,000.00	
Bank Fees	917.00	500.00	
Tech Supplies	2,675.81	1,500.00	
Office Supplies	3,714.64	10,000.00	
Equipment Lease	8,363.72	7,000.00	
Trade Outs for Services	0.00	0.00	
Late Fees/ Finance Charges	0.00	100.00	
Contract Labor	9,210.74	10,000.00	
Custodial Services	7,075.00	5,000.00	
Postage	312.39	500.00	
Professional Fees	67.60	7,500.00	
Community Outreach	675.00	2,000.00	
Equipment Rental-Non-show	0.00	500.00	
Theatre Paper Supplies	713.03	1,500.00	
Theatre Repairs & Maintenance	2,565.19	1,500.00	
Theatre Utilities	4,235.75	6,000.00	
Miscellaneous Expenses	1,889.27	5,000.00	
Dues & Subscriptions	4,371.18	3,500.00	
Insurance	27,133.09	23,000.00	
Interest Expense	60,563.79	40,000.00	
Storage Rent	1,320.00	2,000.00	
STARS COS	7,670.49	0.00	
	0.00	0.00	
Fundraising	1,950.00	0.00	
Other Show Expenses	0.00	1,000.00	
Total Other Expenses	165,239.21	161,600.00	

For Discussion Purposes Only



**SOONER THEATRE of NORMAN, INC.****Overhead Costs and Other Income**

Annual Budget-Accrual Basis

For the Year Ended June 30, 2021

<b>Other Income</b>				
City of Norman	65,274.00	65,000.00		
Allied Arts	39,100.00	14,000.00		
Grant Income	82,079.00	60,000.00		
PPP Grant Forgiveness	46,600.00			
Advertising Income	3,372.50	20,000.00		
Sponsorships & Donations	80,772.08	56,030.00		
Board Donations	950.00	1,500.00		
Interest Earned	1,878.15	1,000.00		
STARS Income	4,829.84	0.00		
Miscellaneous Income	5,123.27	200.00		
Other Show Income	416.00	500.00		
Total Other Income	330,394.84	218,230.00		
Other Shows P & L	0.00			
Revenue	0.00			
Costs	0.00			
Profit (Loss)	0.00			

For Discussion Purposes Only

**SOONER THEATRE of NORMAN, INC.**

**Main Event**

Annual Budget-Accrual Basis  
For the Year Ended June 30, 2021

Main Event Series	Concert # 1-TBD			Concert #2-TBD			Concert #3-TBD			Year-To-Date Actual	Annual Budget	Variance	Main Event Totals
	Year-To-Date	Annual	Variance	Year-To-Date	Annual	Variance	Year-To-Date	Annual	Variance				
	Actual	Budget		Actual	Budget		Actual	Budget					
Revenues													
Ticket Sales	0.00	4,500.00	(4,500.00)	0.00	15,000.00	(15,000.00)	0.00	15,000.00	(15,000.00)	0.00	34,500.00	(34,500.00)	0.00
Season Tickets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Revenues	0.00	4,500.00	(4,500.00)	0.00	15,000.00	(15,000.00)	0.00	15,000.00	(15,000.00)	0.00	34,500.00	(34,500.00)	0.00
Production Costs													
Artist Fees	0.00	5,000.00	(5,000.00)	0.00	12,000.00	(12,000.00)	0.00	12,000.00	(12,000.00)	0.00	29,000.00	(29,000.00)	0.00
Security	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rental Equipment		0.00											
Lights	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sound/Backline	0.00	600.00	(600.00)	0.00	750.00	(750.00)	0.00	750.00	(750.00)	0.00	2,100.00	(2,100.00)	0.00
Contract Labor													
Light Engineer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sound Engineer	0.00	500.00	(500.00)	0.00	750.00	(750.00)	0.00	750.00	(750.00)	0.00	2,000.00	(2,000.00)	0.00
Overhire	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hospitality	0.00	1,000.00	(1,000.00)	0.00	1,000.00	(1,000.00)	0.00	1,000.00	(1,000.00)	0.00	3,000.00	(3,000.00)	0.00
Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Production Costs	0.00	7,100.00	(7,100.00)	0.00	14,500.00	(14,500.00)	0.00	14,500.00	(14,500.00)	0.00	36,100.00	(36,100.00)	0.00
Gross Profit or (Loss)	0.00	(2,600.00)	2,600.00	0.00	500.00	(500.00)	0.00	500.00	(500.00)	0.00	(1,600.00)	1,600.00	0.00
Total Profit or (Loss)	0.00	(2,600.00)	2,600.00	0.00	500.00	(500.00)	0.00	500.00	(500.00)	0.00	(1,600.00)	1,600.00	0.00

For Discussion Purposes Only



**SOONER THEATRE of NORMAN, INC.**

**Sooner Stage Presents**

Annual Budget-Accrual Basis

For the Year Ended June 30, 2021

		MAMA MIA			ANNIE					Budget
Sooner Stage	Year-To-Date	Annual	Variance	Story	Annual	Variance	Year-To-Date	Annual	Variance	Totals
	Actual						Actual			
<b>Revenues</b>										
Ticket Sales	180.00	25,000.00	(24,820.00)	24,798.49	45,000.00	(20,201.51)	0.00	8,500.00	(8,500.00)	24,978.49
Convenience Fees	0.00	0.00	0.00	1,246.00	0.00	1,246.00	0.00	0.00	0.00	1,246.00
Sponsorship	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Revenues</b>	<b>180.00</b>	<b>25,000.00</b>	<b>(24,820.00)</b>	<b>26,044.49</b>	<b>45,000.00</b>	<b>(18,955.51)</b>	<b>0.00</b>	<b>8,500.00</b>	<b>(8,500.00)</b>	<b>26,224.49</b>
<b>Production Costs</b>										
Royalties	5,905.00	6,635.00	(730.00)	8,199.31	9,095.00	(895.69)	0.00	2,450.00	(2,450.00)	14,104.31
Stage Manager	0.00	750.00	(750.00)	375.00	750.00	(375.00)	0.00	500.00	(500.00)	375.00
Costumes & Costumer	0.00	4,000.00	(4,000.00)	569.71	5,000.00	(4,430.29)	0.00	500.00	(500.00)	569.71
Props	0.00	1,000.00	(1,000.00)	1,969.23	1,000.00	969.23	0.00	0.00	0.00	1,969.23
Set	0.00	1,500.00	(1,500.00)	794.72	1,500.00	(705.28)	0.00	0.00	0.00	794.72
Music Director	0.00	1,200.00	(1,200.00)	0.00	1,200.00	(1,200.00)	0.00	1,000.00	(1,000.00)	0.00
Director	0.00	1,300.00	(1,300.00)	0.00	1,200.00	(1,200.00)	0.00	1,000.00	(1,000.00)	0.00
Choreographer	0.00	1,200.00	(1,200.00)	1,200.00	1,200.00	0.00	0.00	1,000.00	(1,000.00)	1,200.00
Rental Equipment										0.00
Lights	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Artist Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actors/Equity Costs	0.00	3,000.00	(3,000.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Labor										0.00
Sound/ Light Engineer	0.00	3,000.00	(3,000.00)	3,420.00	3,000.00	420.00	0.00	2,000.00	(2,000.00)	3,420.00
Musicians (or Digital Track)	0.00	750.00	(750.00)	750.00	1,500.00	(750.00)	0.00	750.00	(750.00)	750.00
Miscellaneous Labor	0.00	1,000.00	(1,000.00)	1,994.00	1,000.00	994.00	0.00	200.00	(200.00)	1,994.00
Miscellaneous Expenses	0.00	250.00	(250.00)	265.19	500.00	(234.81)	0.00	200.00	(200.00)	265.19
Hospitality	0.00	1,000.00	(1,000.00)	434.61	1,000.00	(565.39)	0.00	500.00	(500.00)	434.61
<b>Total Production Costs</b>	<b>5,905.00</b>	<b>26,585.00</b>	<b>(20,680.00)</b>	<b>19,971.77</b>	<b>27,945.00</b>	<b>(7,973.23)</b>	<b>0.00</b>	<b>10,100.00</b>	<b>(10,100.00)</b>	<b>25,876.77</b>
<b>Total Profit or (Loss)</b>	<b>(5,725.00)</b>	<b>(1,585.00)</b>	<b>(4,140.00)</b>	<b>6,072.72</b>	<b>17,055.00</b>	<b>(10,982.28)</b>	<b>0.00</b>	<b>(1,600.00)</b>	<b>1,600.00</b>	<b>347.72</b>

For Discussion Purposes Only

**THE STUDIO of the SOONER THEATRE**  
**For the Year Ended June 30, 2021**

	Year-To-Date	Annual	Variance
	Actual	Budget	
Revenues			
Tuition Fees	248,304.19	250,000.00	(1,695.81)
Studio Production Tickets	31,515.75	50,000.00	(18,484.25)
Showcase Tickets & Production Fees	12,454.00	15,000.00	(2,546.00)
Summer Stage 2021 Ticket Sales	25,725.00	30,000.00	(4,275.00)
Young Producers 2020 Ticket Sales	0.00	20,000.00	(20,000.00)
Education Trips-JTF	0.00	43,000.00	(43,000.00)
Education Trips-NYC	0.00	40,000.00	(40,000.00)
Miscellaneous	45.00	0.00	45.00
Total Revenues	318,043.94	448,000.00	(129,956.06)
Costs			
Instructor Fees & Salaries	91,855.00	80,000.00	11,855.00
Scholarships	0.00	5,400.00	(5,400.00)
Staff	2,018.50	12,000.00	(9,981.50)
Workshop Costs	1,025.00	2,000.00	(975.00)
Studio Production Classes	47,784.26	40,000.00	0.00
2020 Summer Stage Costs	12,850.23	17,500.00	(4,649.77)
2020 Young Producers Costs	14,752.10	17,500.00	(2,747.90)
Showcase Costs	15,228.46	13,000.00	2,228.46
2021 Summer Stage Costs	22,895.79	0.00	22,895.79
Education Trips-JTF & NYC	0.00	80,000.00	(80,000.00)
Studio Costs	208,409.34	267,400.00	(58,990.66)
Gross Profit or (Loss)	109,634.60	180,600.00	(70,965.40)
Overhead Costs			
Building			
Utilities	11,449.19	15,000.00	(3,550.81)
Repairs & Maintenance	8,668.33	7,500.00	1,168.33
Supplies	2,142.15	5,000.00	(2,857.85)
Miscellaneous	472.90	500.00	(27.10)
Studio Overhead Costs	22,732.57	28,000.00	(5,267.43)
Total Studio Costs	231,141.91		
Total Profit or (Loss)	86,902.03	152,600.00	(65,697.97)



**SOONER THEATRE of NORMAN, INC.**

**Concessions and Rentals**

Annual Budget-Accrual Basis  
For the Year Ended June 30, 2021

<b>Concessions</b>	<b>Year-To-Date</b>	<b>Annual</b>	<b>Variance</b>	<b>Rentals</b>	<b>Year-To-Date</b>	<b>Annual</b>	<b>Variance</b>	<b>Total</b>
	<b>Actual</b>	<b>Budget</b>			<b>Actual</b>	<b>Budget</b>		<b>Concessions &amp; Rentals</b>
Revenues				Revenues				
Sweet Shoppe Sales	3,992.10	20,000.00	(16,007.90)	Rental Contract Fees	29,450.00	20,000.00	9,450.00	33,442.10
Total Revenues	3,992.10	20,000.00	(16,007.90)	Total Revenues	29,450.00	20,000.00	9,450.00	33,442.10
Costs				Costs				
COS Sweet Shoppe	1,789.60	11,500.00	(9,710.40)	Technical Assistant	0.00	0.00	0.00	1,789.60
Labor	0.00	0.00	0.00	Labor	0.00	0.00	0.00	0.00
Other Expenses	0.00	0.00	0.00	Other Expenses-Custodial	2,132.50	5,000.00	(2,867.50)	2,132.50
Total Concessions Costs	1,789.60	11,500.00	(9,710.40)	Total Rental Costs	2,132.50	5,000.00	(2,867.50)	3,922.10
Total Profit or (Loss)	2,202.50	8,500.00	(6,297.50)	Total Profit or (Loss)	27,317.50	15,000.00	12,317.50	29,520.00

For Discussion Purposes Only

# SOONER THEATRE of NORMAN, INC.

## Special Events

Annual Budget-Accrual Basis

For the Year Ended June 30, 2021

	MURDER MYSTERY			SPECIAL EVENTS-VOH			Totals
	Year-To-Date	Annual	Variance	Year-To-Date	Annual	Variance	
	Actual	Budget		Actual	Budget		
Revenues							
Sponsors & Donations	0.00	29,400.00	(29,400.00)	0.00	0.00	0.00	0.00
Contest Entries	0.00	0.00		33.93	0.00	33.93	33.93
Ticket Sales	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mix Donations	0.00	2,000.00	(2,000.00)	0.00	0.00	0.00	0.00
Total Revenues	0.00	31,400.00	(31,400.00)	33.93	50,000.00	(49,966.07)	33.93
Production Costs	0.00						
Catering	0.00	8,000.00	(8,000.00)	0.00	0.00	0.00	0.00
2020 Catering	7,185.75						
Facility Rental	0.00	0.00	0.00		4,050.00		0.00
Miscellaneous	0.00	0.00	0.00	0.00	1,200.00	(1,200.00)	0.00
Sound	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Labor							
Light & Sound Engineer	0.00	1,250.00	0.00	0.00	0.00	0.00	0.00
Director	0.00	500.00					
Music Director	0.00	500.00					
Musicians	0.00	300.00	(300.00)	0.00	2,500.00	(2,500.00)	0.00
Artist Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous Expenses	0.00	500.00	(500.00)	0.00	10,000.00	(10,000.00)	0.00
Marketing-Show specific	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Production Costs	7,185.75	11,050.00	(3,864.25)	0.00	17,750.00	(17,750.00)	7,185.75
Total Profit or (Loss)	(7,185.75)	20,350.00	(27,535.75)	33.93	32,250.00	(32,216.07)	(7,151.82)

For Discussion Purposes Only

Beth M Pepper CPA  
1316 Cherry Laurel Drive  
Norman, OK 73072

Phone: (405)360-7615 | Fax: (405)360-7615

May 13, 2021

Sooner Theatre of Norman Inc  
101 E Main Street  
Norman, OK 73069

Sooner Theatre of Norman Inc:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Sooner Theatre of Norman Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (405)360-7615.

Sincerely,

A handwritten signature in cursive script that reads "Beth M. Pepper".

Beth M Pepper  
Beth M Pepper CPA



IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 07-01-2019, and ending 06-30-2020

▶ Do not send to the IRS. Keep for your records.

2019

Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Sooner Theatre of Norman Inc

Employer identification number

51-0196629

Name and title of officer

Jennifer Baker, Executive Director

**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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	922,638
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 VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II** Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Beth M Pepper CPA to enter my PIN 20206 as my signature

ERO firm name Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature

Date

**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.

735285 91598

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

## 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.

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

OMB No. 1545-0047

2019

Open to Public  
Inspection

<b>A</b> For the 2019 calendar year, or tax year beginning 07-01, 2019, and ending 06-30, 2020																	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>Sooner Theatre of Norman Inc</b></td> <td><b>D</b> Employer identification number <b>51-0196629</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2"><b>E</b> Telephone number</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>101 E Main Street</b></td> <td rowspan="2"><b>G</b> Gross receipts \$ <b>928,078</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>Norman, OK 73069</b></td> </tr> <tr> <td colspan="3"><b>F</b> Name and address of principal officer:</td> </tr> </table>	<b>C</b> Name of organization <b>Sooner Theatre of Norman Inc</b>		<b>D</b> Employer identification number <b>51-0196629</b>	Doing business as		<b>E</b> Telephone number	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>101 E Main Street</b>		<b>G</b> Gross receipts \$ <b>928,078</b>	City or town, state or province, country, and ZIP or foreign postal code <b>Norman, OK 73069</b>		<b>F</b> Name and address of principal officer:		
<b>C</b> Name of organization <b>Sooner Theatre of Norman Inc</b>		<b>D</b> Employer identification number <b>51-0196629</b>															
Doing business as		<b>E</b> Telephone number															
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																
<b>101 E Main Street</b>		<b>G</b> Gross receipts \$ <b>928,078</b>															
City or town, state or province, country, and ZIP or foreign postal code <b>Norman, OK 73069</b>																	
<b>F</b> Name and address of principal officer:																	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																	
<b>J</b> Website: ▶ <b>N/A</b>																	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶																	
<b>L</b> Year of formation: <b>1976</b> <b>M</b> State of legal domicile: <b>OK</b>																	

<b>Part I Summary</b>																									
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The mission of The Sooner Theatre is to change lives, offer diverse perspectives and create a cultural connection to the community through the performing arts and arts education.</b>																								
	<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.																								
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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.																
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May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	(35,395)
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	(35,395)
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	(35,395)
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	(35,395)

**Part IV Tax Computation**

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer <i>Beth M Pepper</i>	Date <i>5/13/21</i> Title <i>Executive Director</i>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Beth M Pepper		
	Firm's name <i>Beth M Pepper CPA</i>	Firm's EIN <i>P0089159</i>	Phone no. <i>405-360-7615</i>
	Firm's address <i>1316 Cherry Laurel Drive Norman OK 73072</i>		

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public  
Inspection

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.

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

A For the 2019 calendar year, or tax year beginning

07-01, 2019, and ending

06-30, 2020

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **Sooner Theatre of Norman Inc**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

**101 E Main Street**

City or town, state or province, country, and ZIP or foreign postal code

**Norman, OK 73069**

F Name and address of principal officer:

D Employer identification number

**51-0196629**

E Telephone number

G Gross receipts

\$ **928,078**H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(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 ☐ 527J Website: **N/A**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation: **1976**M State of legal domicile: **OK**

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>The mission of The Sooner Theatre is to change lives, offer diverse perspectives and create a cultural connection to the community through the performing arts and arts education.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
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	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
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Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>389,419</b>	Current Year <b>308,462</b>
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## 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**Jennifer Baker**

Signature of officer

Date

**Jennifer Baker, Executive Director**

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name

**Beth M Pepper**

Preparer's signature

**Beth M. Pepper**

Date

**5-13-21**Check ☒ if PTINself-employed **P00891598**

Firm's name

**Beth M Pepper CPA**

Firm's EIN

Firm's address

**1316 Cherry Laurel Drive  
Norman OK 73072**

Phone no.

**405-360-7615**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)



**Part III** **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

The mission of The Sooner Theatre is to change lives, offer diverse perspectives and create a cultural connection to the community through the performing arts and arts education.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 257,357 including grants of \$ ) (Revenue \$ )Children's musical theatre education classes and summer camp programs**4b** (Code: ) (Expenses \$ 63,456 including grants of \$ ) (Revenue \$ )Main Event and Sooner Stage**4c** (Code: ) (Expenses \$ 59,190 including grants of \$ ) (Revenue \$ )Fundraising Events**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 380,003**

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? If "Yes," complete Schedule F, Parts I and IV		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 foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
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	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
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	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? If "Yes," complete Schedule J . . . . .	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	X
b 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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	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 Schedule L, Part I . . . . .	25b	X
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 or any of these persons? If "Yes," complete Schedule L, Part II . . . . .	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, 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? If "Yes," complete Schedule L, Part III . . . . .	27	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	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	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	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	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 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	38	X

**Part 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 . . . . .	1a	27
b Enter the number of Form 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 (gambling) winnings to prize winners? . . . . .	1c	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</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 . . . . .	2a	10
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	X
<b>b</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). . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b>	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? . . . . .	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<b>16</b>	X
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 in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	1a	15	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		15		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	15		
<b>2</b> 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? . . . . .			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .			5	X
<b>6</b> Did the organization have members or stockholders? . . . . .			6	X
<b>7a</b> 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	X
<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? . . . . .			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? . . . . .			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	10a	X
<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? . . . . .	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	15a	X
<b>b</b> Other officers or key employees of the organization . . . . .	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
<b>b</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? . . . . .	16b	

**Section C. Disclosure**

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

**18** 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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** 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.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**Nicole Kraisky (405) 321-9600, 101 E Main Street, Norman, OK 73069**

**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Vicki Worster President	1.00	X		X				0	0	0
(2) Shannon Roth Vice President	1.00	X		X				0	0	0
(3) Matt Robinson Treasurer	1.00	X		X				0	0	0
(4) Beth Muckala Secretary	1.00	X		X				0	0	0
(5) Mark Ledbetter Past President	1.00	X		X				0	0	0
(6) Miranda Beatty Director	1.00	X						0	0	0
(7) Megan Benn Director	1.00	X						0	0	0
(8) Lindsey Hawkins Director	1.00	X						0	0	0
(9) Karen McIntosh-Telford Director	1.00	X						0	0	0
(10) Ashley Murphy Director	1.00	X						0	0	0
(11) Meg Newville Director	1.00	X						0	0	0
(12) LeAnne Pence Director	1.00	X						0	0	0
(13) Beth Pepper Director	1.00	X						0	0	0
(14) Jennifer Vice Director	1.00	X						0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) <u>Amanda Ward</u> <u>Director</u>	<u>1.00</u>	<input checked="" type="checkbox"/>						0	0	0
(16) <u>Jennifer Baker</u> <u>Executive Director</u>	<u>40.00</u>				<input checked="" type="checkbox"/>			49,600	0	0
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
<b>1b Subtotal</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								49,600	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		<input checked="" type="checkbox"/>
<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 103,993				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 204,469				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$				
	<b>h</b> Total. Add lines 1a-1f . . . . .		308,462			
<b>Program Service Revenue</b>	Business Code					
	<b>2a</b> Production Revenue	711110	112,656	112,656		
	<b>b</b> Studio Revenue	711110	450,166	450,166		
	<b>c</b> Advertising	711110	5,788		5,788	
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue . . . . .	711110	15,396	15,396		
	<b>g</b> Total. Add lines 2a-2f . . . . .		584,006			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,698	2,698		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	<b>6a</b> (i) Real 29,327 (ii) Personal				
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b> 5,440				
	<b>c</b> Rental income or (loss) . . . . .	<b>6c</b> 23,887				
	<b>d</b> Net rental income or (loss) . . . . .		23,887	23,887		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	<b>7a</b> (i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 103,993 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>				
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	Business Code					
	<b>11a</b> Other Revenues	900099	932	932		
	<b>b</b> Miscellaneous Income	900099	2,653	2,653		
	<b>c</b>					
	<b>d</b> All other revenue . . . . .					
<b>e</b> Total. Add lines 11a-11d . . . . .		3,585				
<b>12</b> Total revenue. See instructions . . . . .		922,638	608,388	5,788	0	



**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	49,600		49,600	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	175,025		175,025	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .	21,961		21,961	
<b>10</b> Payroll taxes . . . . .	17,511		17,511	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	7,250		7,250	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
<b>12</b> Advertising and promotion . . . . .	41,182		41,182	
<b>13</b> Office expenses . . . . .	7,174		7,174	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	22,784		22,784	
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	598		598	
<b>20</b> Interest . . . . .	55,130		55,130	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	61,000		61,000	
<b>23</b> Insurance . . . . .	24,446		24,446	
<b>24</b> 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.)				
<b>a</b> <u>Production Cost</u> . . . . .	63,456	63,456		
<b>b</b> <u>Studio Cost</u> . . . . .	257,357	257,357		
<b>c</b> <u>Fund Raising Expense</u> . . . . .	59,190	59,190		
<b>d</b> <u>Community Outreach</u> . . . . .	590		590	
<b>e</b> All other expenses . . . . .	55,282		55,282	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . .	919,536	380,003	539,533	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	179,606	1	263,530
	<b>2</b> Savings and temporary cash investments		2	
	<b>3</b> Pledges and grants receivable, net		3	
	<b>4</b> Accounts receivable, net	11,256	4	15,233
	<b>5</b> 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	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use	200	8	200
	<b>9</b> Prepaid expenses and deferred charges	117,943	9	101,808
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,318,559		
	<b>b</b> Less: accumulated depreciation	10b 618,614		
	<b>11</b> Investments - publicly traded securities	1,662,107	10c	1,699,945
	<b>12</b> Investments - other securities. See Part IV, line 11		11	
	<b>13</b> Investments - program-related. See Part IV, line 11		12	
	<b>14</b> Intangible assets		13	
	<b>15</b> Other assets. See Part IV, line 11	2,164	14	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,973,276	15	2,164	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,973,276	16	2,082,880
	<b>18</b> Grants payable	29,816	17	19,883
	<b>19</b> Deferred revenue		18	
	<b>20</b> Tax-exempt bond liabilities		19	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	<b>22</b> 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		21	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	1,295,400	22	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		23	1,389,187
	<b>25</b> 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		24	46,600
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	23,834	25	(118)
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>	1,349,050	26	1,455,552
	<b>27</b> Net assets without donor restrictions		27	
	<b>28</b> Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	624,226	31	627,328
	<b>32</b> <b>Total net assets or fund balances</b>	624,226	32	627,328
<b>33</b> <b>Total liabilities and net assets/fund balances</b>	1,973,276	33	2,082,880	

**Part 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	922,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	919,536
3	Revenue less expenses. Subtract line 2 from line 1	3	3,102
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	624,226
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	627,328

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

Sooner Theatre of Norman Inc

Employer identification number

51-0196629

**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).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 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 government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	526,784	310,994	238,372	265,394	308,462	1,650,006
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	526,784	310,994	238,372	265,394	308,462	1,650,006
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						1,650,006

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	526,784	310,994	238,372	265,394	308,462	1,650,006
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,099	1,116	1,872	2,018	2,698	8,803
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,658,809
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.47 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	93.46 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		► <input type="checkbox"/>



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> 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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶ ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in 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 <b>Part VI</b> .		
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 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

- 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 in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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).

	Yes	No
1		

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

- 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
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 government entity (see instructions).

**2 Activities Test. Answer (a) and (b) 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 in (a) 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.

	Yes	No
2a		
2b		

**3 Parent of Supported Organizations. Answer (a) and (b) 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? 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.

3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . .			
b Excess from 2016 . . . .			
c Excess from 2017 . . . .			
d Excess from 2018 . . . .			
e Excess from 2019 . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Sooner Theatre of Norman Inc

Employer identification number

51-0196629

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$

(ii) Assets included in Form 990, Part X . . . . . ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$

b Assets included in Form 990, Part X . . . . . ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibitionb ☐ Scholarly researchc ☐ Preservation for future generationsd ☐ Loan or exchange programse ☐ Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance . . . . .	
1d Additions during the year . . . . .	
1e Distributions during the year . . . . .	
1f Ending balance . . . . .	

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . . ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .	1,723,755		174,186	1,549,569
c Leasehold improvements . . . . .	171,841		155,301	16,540
d Equipment . . . . .	422,963		289,127	133,836
e Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶

1,699,945

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>Community Foundation Deposit</b>	2,164
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	2,164

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Payroll Liabilities</b>	4,064	
(3) <b>Sales Tax Payable</b>	1,978	
(4) <b>Gift Certificates Payable</b>	470	
(5) <b>Direct Deposit Liability</b>	(6,630)	
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	(118)	

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 tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . . ☐

## 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

## Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.		5
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

## 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.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Sooner Theatre of Norman Inc

Employer identification number

51-0196629

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants  
**b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants  
**c** ☐ Phone solicitations **g** ☐ Special fundraising events  
**d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Murder Myste</u> (event type)	(b) Event #2 <u>Heartland</u> (event type)	(c) Other events <u>5</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	42,677	35,072	26,244	103,993
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	42,677	35,072	26,244	103,993
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				103,993

**Part III**

**Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Sooner Theatre of Norman Inc

Employer identification number

51-0196629

**01. Members or stockholder classes and rights (Part VI, line 6)**

The organization is an Oklahoma Not-For-Profit corporation.

**02. Form 990 governing body review (Part VI, line 11)**

Form 990 is made available to the board members before it is filed.

**03. Conflict of interest policy compliance (Part VI, line 12c)**

A conflict of interest policy is part of the by-laws. The board monitors for potential  
conflicts of interest.

**04. CEO, executive director, top management comp (Part VI, line 15a)**

The board determines the compensation for the Executive Director.

**05. Other officer or key employee compensation (Part VI, line 15b)**

The board determines the compensation to all employees.

**06. Governing documents, etc, available to public (Part VI, line 19)**

All public documents are made available upon request.

# Oklahoma Return of Organization Exempt from Income Tax

Form 512E  
2019



## Section 501(c) of the Internal Revenue Code

<b>PART 1</b>	For the year January 1 - December 31, 2019, or other taxable year beginning: <u>07-01</u> , 2019, ending: <u>06-30</u> , 2020	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 <b>Sooner Theatre of Norman, Inc.</b>	Federal Employer Identification Number <b>51-0196629</b>
Address (number and street) <b>101 E Main Street</b>	Date Qualified for Tax Exempt Status <b>1976</b>
City, State or Province, Country and ZIP or Foreign Postal Code <b>Norman, OK 73069</b>	<b>OFFICE USE ONLY</b>

## 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	0	0
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	0	0
C Unrelated business taxable income - Enter here and on line 1 below	0	0

### INCOME SUBJECT TO TAX

1 Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	0.00
2 Other net income - enclose 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	0.00

### 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	0.00
6 Less: Other Credits Form (total from Form 511CR)	6	.00
7 Balance of tax due (line 5 minus line 6, but not less than zero)	7	.00
8 2019 Oklahoma estimated tax and extension payments and prior year carryforward	8	.00
9 Oklahoma withholding (enclose 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 2020 estimated tax (original return only)	14	0.00

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 3 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

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)		Refund .. 17	.00

### Direct Deposit Note:

All refunds must be by direct deposit.  
See Direct Deposit Information on  
page 4 for details.

Is this refund going to or through an account that is located outside of the United States? ☐ Yes ☐ No

Deposit my refund in my: ☐ checking account ☐ savings account

Routing  
Number:

Account  
Number:

18 Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due .. 18	.00
19 (a) Donation: Support the Oklahoma General Revenue Fund (For information regarding this fund, see page 3, #3) 19a		.00
(b) Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #8) 19b		.00
20 For delinquent payment, add penalty of 5% plus interest at 1.25% per month		.00
21 Underpayment of estimated tax interest	Annualized <input type="checkbox"/> .. 21	.00
22 Total tax, penalty and interest due - Add lines 18-21; pay in full with return	Balance Due .. 22	.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
Print Name <b>JENNIFER BAKER</b>	
Title <b>EXECUTIVE DIRECTOR</b>	Phone Number <b>(405) 321-9600</b>

Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.



Signature of Preparer <i>Beth M. Pepper</i>	Date <b>5-13-21</b>
Printed Name of Preparer <b>Beth M Pepper, CPA</b>	
Phone Number: <b>405-213-7566</b>	Preparer's PTIN: <b>P00891598</b>





SOONER THE

OUR TOWN