



508 N. Peters Avenue • Norman, OK 73069

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[www.normanmuseum.org](http://www.normanmuseum.org) • [www.clevelandcountyhistoricalsociety.com](http://www.clevelandcountyhistoricalsociety.com)

# FY 2023-24 Annual Report

prepared August 2024

## Board of Directors

Riley Million  
President

John Hughes  
Vice-President

Sue Schrems  
Treasurer

Carley Veal  
Secretary

Barbara Million  
Historian

Malia Bennett

Ashley Evans

Dawn Jackson

Robertson Million

Tammie Richard

Mae D. Cox  
Board Member Emeritus

Vernon Maddux  
Board Member Emeritus

James Briggs  
Ex-officio, City Staff

## Staff

Amy Pence  
Museum Manager

Savannah Miller  
Assistant Manager

The Moore-Lindsay Historical House Museum (MLHHM) was founded in 1974 as the Norman-Cleveland County Historical Museum, the result of a collaboration between the City of Norman and the Cleveland County Historical Society (CCHS). The museum is housed in a beautiful Victorian-style home that was built in 1899 and is a prime example of the success that middle-class families found in Oklahoma Territory. The Historical Society is proud to continue to serve as stewards of the historical house, which is listed on the National Register of Historic Places.

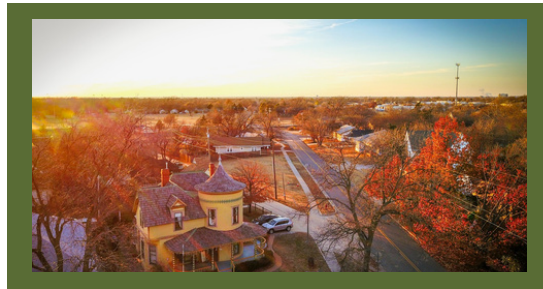


# CCHS Mission Statement

The Cleveland County Historical Society seeks to research, preserve, and publicize the history of Cleveland County and its people.

# MLHHM Mission Statement

The Moore-Lindsay House seeks to curate a welcoming, engaging, and educational experience of the history of Norman, Cleveland County, and Oklahoma Territory.



## Organizational Goals

### **Educational Programming and Visitor Experiences**

Enhance current educational programs, continue to improve the quality and creativity of exhibits and events, and inspire guests to visit multiple times.

### **Preservation & Research**

Continue researching and preserving artifacts that the museum currently stores, and provide easy access to research materials for the community.

### **Audience Diversity**

Extend offerings for different ages, citizen groups, and organizations within the community.

### **Community Engagement**

Develop new partnerships with other cultural and educational entities in the community in order to broaden the museum's reach to a wider audience.

### **Fundraising**

Seek out new fundraising sources locally and nationally.

For more information, view our full strategic plan at [www.normanmuseum.org/strategicplan](http://www.normanmuseum.org/strategicplan).

# Programming

In FY 23-24, the Moore-Lindsay Historical House Museum (MLHHM) and Cleveland County Historical Society (CCHS) have continued to create a quality visitor experience and pursue the mission of presenting, preserving, and publicizing Cleveland County's history. **Throughout the past year, the museum has presented two exhibits, four micro-exhibits, sixteen events, thirteen children's history camp sessions, and eighteen educational workshops for adults. Additionally, we have hosted three community group meetings, participated in one outreach event, and provided ten field trips, educational group tours, or private workshops.**

## Exhibits

- Imprinting the West: Manifest Destiny, Real and Imagined
- Roots & Branches

## Micro-Exhibits

- Junior Curators: Our Favorite Things
- Victorians, Ghosts, and Spiritualism
- Keep It Local
- The Noble Experiment

## Events

- Wicked Tea (2 sessions)
- Trick-or-Treat at the Moore-Lindsay House
- Annual Christmas Open House
- Whiskey Tasting
- 2 Exhibit Opening Receptions
- Wildflowers and Whimsy Tea (2 sessions)
- 7 Paranormal Investigations

## Educational Programs

- Children's Summer History Camp Series (9 sessions)
- Children's Victorian Valentines Workshop
- Children's Spring Break History Camp Series (3 sessions)
- 8 Handmade Soap Workshops
- 8 Embroidery Workshops
- 2 Wood Window Repair Workshops
- 14 field trips, educational group tours, private workshops, community meetings, and outreach events



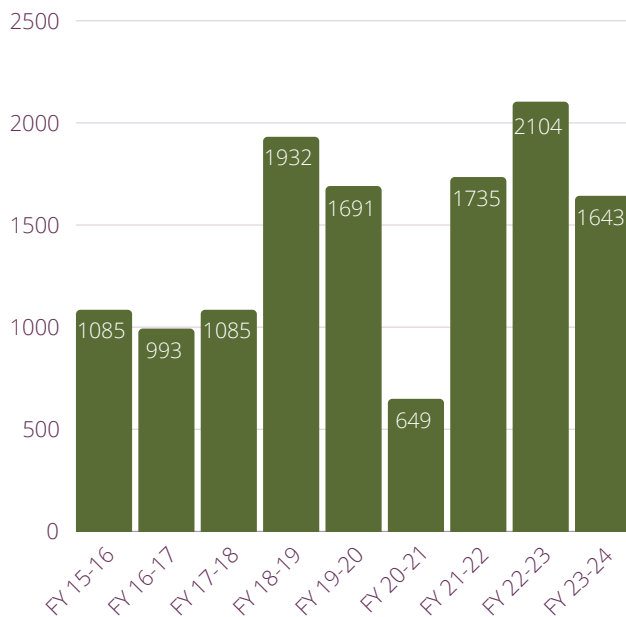
## Coming in FY 24-25

Museum staff has planned 2 exhibits, 3 micro-exhibits, 24 educational workshops and camps, and 12 events in FY 24-25. Staff will also conduct field trips, educational group tours, and private workshops as requested by local schools, homeschool groups, clubs, and other organizations.

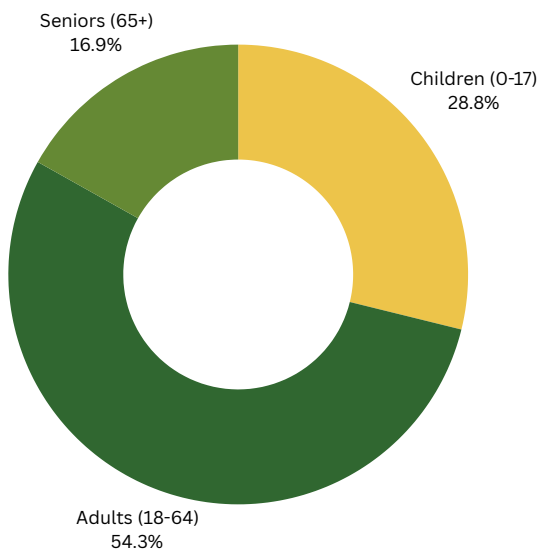
# Participants

In FY 23-24 the Moore-Lindsay House welcomed more than 1600 visitors and benefitted from the assistance of 21 volunteers.

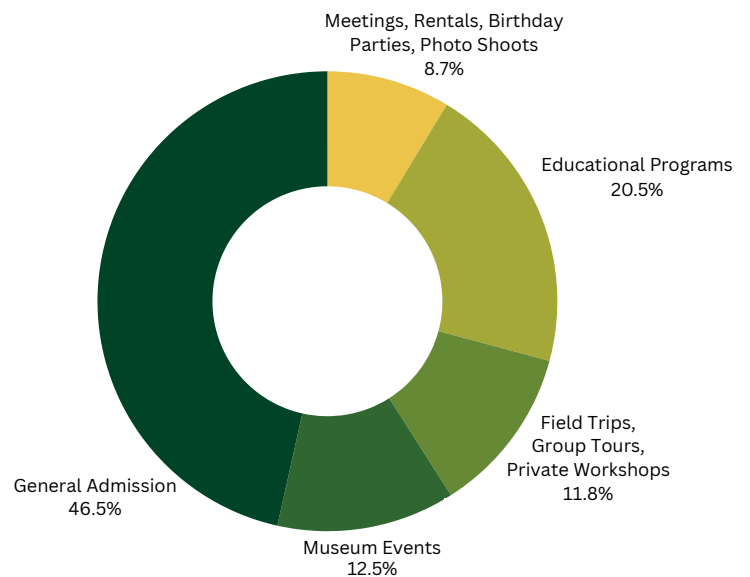
## Visitor Numbers



## Visitor Ages



## Attendance Reasons





# Fees & Income

## Museum Admission:

Adults & Teens: \$5

Children 12 & under: free

Children's workshops & camps: \$8

Adult workshops: varied, \$20-50

Photographer Fees: \$50/hour

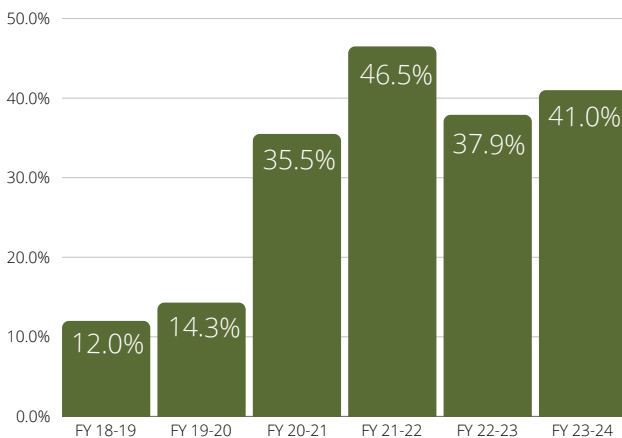
Rental Fee: \$50/hour

Birthday Party Package: \$150

The MLHHM charges a \$5 admission fee for museum visitors over the age of 12. In order to keep the museum as accessible as possible, admission is free for children, SNAP card holders, and CCHS members. Additionally, admission is free for everyone on the first Friday of every month, and the MLHHM is a Blue Star Museum, providing free admission for active service military and their families in the summer. MLHHM camps and workshops are priced at \$8 per person for children's classes and \$20-50 per person for adult programming, depending on the event. Photographers can rent the historical house to use as a photography set, the historical house and carriage house can be rented out for small events, and the museum also offers a Victorian tea party birthday party package; all of these offerings bring in supplemental funds to support museum programming.

Additional income sources include the museum gift shop, grants, royalties on CCHS books, fundraisers, and grants. CCHS continues to seek additional fundraising and grant opportunities to support the museum's operations. The MLHHM is proud to be the recipient of a FY 24-25 grant from the Norman Arts Council for \$20,700.00 to assist in covering the costs of exhibits, educational programming, and necessary supplies.

## Percentage of Expenditures Paid By Non-City Funds FY 2018-19 - FY 2023-24



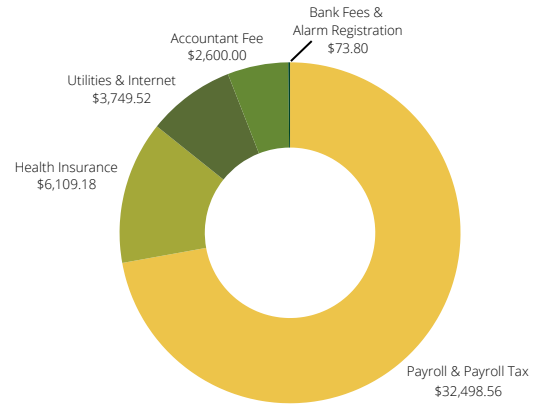
## Percentage of Total Expenditure Paid By Income Source, FY 23-24



# Use of FY 23-24 City Funds

City of Norman funds are used to pay for the basic necessities of running the museum: the museum manager's salary and the assistant manager's hourly wage, the cost of utilities and internet service for the building, and fees for the accountant who handles museum payroll and taxes. This frees up funding from other sources to cover the costs of museum programming and necessary supplies. Other uses of City funds include purchasing health insurance for the museum manager, paying banking fees on the account holding the funds, and paying the fee for the yearly City of Norman registration for our alarm system. At this time, it would be impossible to continue operating the museum without this essential funding.

## FY 23-24 City Grant Funds



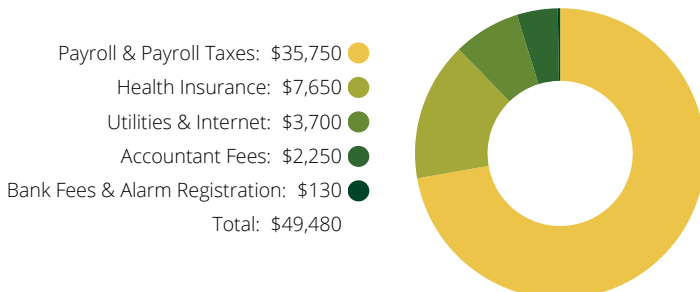
# Funding Request for FY 25-26

CCHS has proudly served as guardian of the Moore-Lindsay Historical House Museum since 1974, with the support of an annual grant from the City. The last increase to this annual grant was in FY 23-24, from \$41,500 to \$44,500. Due to rising costs, especially of staff health insurance premiums, we are requesting that our grant be increased by \$5500.

**CCHS humbly requests that the annual grant from the City be increased from \$44,500 to \$50,000 for FY 2025-26.**

Museum staff is extremely grateful for this grant from the City and is committed to using these funds to expand the positive effects that the museum has on Norman via community-responsive programming, policies focusing on equity, exhibits featuring diversity, and outreach to local schools and community groups to assess their educational needs and offer assistance.

## Projected Use of FY 24-25 City Funds



Note: This chart was updated January 2025. Because of this, the numbers will not match the projected expenses in the budget included on page 9.



# CCHS FY 23-24 Financial Statement

## Funds Balance Report

Account	Beginning of FY23-24	End of FY23-24
<b>Unrestricted Assets</b>		
City of Norman Grant Fund	\$11,761.89	\$9,720.75
CCHS Operating Fund	\$11,214.32	\$1,911.91
NAC Grant Fund	\$903.98	\$5,461.02
Insurance Fund	\$786.27	\$2,351.98
CCHS Books Account	\$1,251.16	\$1,254.92
PayPal	\$50.00	\$0.00
<b>Total Unrestricted Assets</b>	<b>\$25,967.62</b>	<b>\$20,700.58</b>
<b>Restricted Assets</b>		
Carpenter's Lace Restoration Fund	\$2,900.00	\$2,900.00
CD	\$39,444.20	\$50,000.00
OCCF Endowment Fund	\$21,626.94	\$23,301.58
<b>Total Restricted Assets</b>	<b>\$63,971.14</b>	<b>\$76,201.58</b>
<b>Total Assets</b>	<b>\$89,938.76</b>	<b>\$96,902.16</b>



# CCHS FY 23-24 Financial Statement, Cont'd

## FY 2023-24 Income

City of Norman Grant Funds	\$44,500.00
Other Grants	\$10,534.50
Admission Fees	\$2,214.05
Camp, Workshop, & Tea Party Enrollment Fees	\$11,093.28
Gift Shop, Book Sales & Royalties, Member Dues	\$2,030.60
Donations	\$2,297.95
Rentals, Photographer Fees, & Birthday Parties	\$450.00
Investments & Endowments	\$1,920.52
<b>Total Income</b>	<b>\$75,040.90</b>

## FY 2023-24 Expenses

Payroll & Payroll Taxes	\$32,998.56
Manager's Health Insurance	\$6,109.18
Contract Labor	\$6,594.85
Utilities & Internet	\$3,790.70
Supplies	\$1,373.81
Programming	\$10,939.12
Professional Development	\$860.02
Gift Shop	\$836.17
Marketing	\$1,179.52
Website & Software	\$409.90
Banking & Transaction Fees	\$505.11
Miscellaneous	\$366.48
<b>Total Expenses</b>	<b>\$65,963.42</b>

Budget Shortfall or Overage:	overage
	\$9,077.48





# FY 2024-25 Budget

## Projected Income

City of Norman Grant Funds	\$44,500
Other Grants	\$13,503
Admission Fees	\$2,500
Camp, Workshop, & Tea Party Enrollment Fees	\$10,000
Gift Shop, Book Sales & Royalties, Member Dues	\$3,000
Donations	\$2,500
Rentals, Photographer Fees, & Birthday Parties	\$500
Investments & Endowments	\$1,900
<b>Total Income</b>	<b>\$78,403</b>

## Projected Expenses

Payroll & Payroll Taxes	\$34,000
Manager's Health Insurance	\$7,000
Contract Labor	\$7,500
Utilities & Internet	\$4,300
Supplies	\$2,500
Programming	\$12,000
Professional Development	\$1,500
Gift Shop	\$1,500
Marketing	\$5,000
Website & Software	\$1,000
Banking & Transaction Fees	\$700
Miscellaneous	\$1,500
<b>Total Expenses</b>	<b>\$78,500</b>

Projected Budget Shortfall or Overage:	shortfall
	-\$97



# Board of Directors

Riley Million, President  
312 South Mercedes Drive  
Norman, OK 73069  
405-546-8426  
skatoad1@netscape.net

John Hughes, Vice President  
602 North Jones Avenue  
Norman, OK 73069  
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1128 Riviera Drive  
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Vernon Maddux, Emeritus Member  
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Wichita, KS 67205  
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James Briggs, City of Norman  
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james.briggs@normanok.gov

Amy Pence, Museum Manager  
1624 Oriole Drive  
Norman, OK 73071  
405-342-0361  
amy@normanmuseum.org

Savannah Miller, Assistant Manager  
538 East Harmon Drive  
Midwest City, OK 73110  
405-227-2886  
savannah@normanmuseum.org



# Record Maintenance & Expenditure Authorization

## Financial Record Maintenance:

- Sue Schrems, CCHS Board Treasurer
  - maintains records of bank accounts, investments, & CCHS income and expenses
- Amy Pence, Museum Manager
  - maintains records of grant funds, gift shop funds, donations, PayPal account, & MLHHM income and expenses
- Heather Koonce, CCHS Accountant
  - oversees and verifies all financial recordkeeping, handles payroll and state and federal taxes

## Expenditure Approval:

- Board of Directors, by majority vote
  - any expenses of any amount
- Executive Committee, by majority vote
  - comprised of President, Vice President, and Treasurer
  - any single expense up to \$300
- Riley Million, CCHS Board President
  - any single expense up to \$150
- Sue Schrems, CCHS Board Treasurer
  - any single expense up to \$150
- Amy Pence, Museum Manager
  - any single expense up to \$100
  - expenditure of grant funds, following board-approved budget for said grant





# 2023 Form-990-EZ

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A</b> For the 2023 calendar year, or tax year beginning , 2023, and ending , 20												
<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>CLEVELAND COUNTY HISTORICAL SOCIETY</b></td> <td><b>D</b> Employer identification number <b>73-1051970</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td colspan="2"><b>508 NORTH PETERS AVENUE</b></td> <td rowspan="2"><b>F</b> Group Exemption Number</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> </table>	<b>C</b> Name of organization <b>CLEVELAND COUNTY HISTORICAL SOCIETY</b>		<b>D</b> Employer identification number <b>73-1051970</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number	<b>508 NORTH PETERS AVENUE</b>		<b>F</b> Group Exemption Number	City or town, state or province, country, and ZIP or foreign postal code <b>NORMAN, OK 73069</b>	
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<b>508 NORTH PETERS AVENUE</b>		<b>F</b> Group Exemption Number										
City or town, state or province, country, and ZIP or foreign postal code <b>NORMAN, OK 73069</b>												
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify): _____												
<b>I</b> Website: _____												
<b>J</b> Tax-exempt status (check only one) - <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>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> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ <b>70,143</b>												

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	59,342
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	757
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events:		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b>	Less: cost of goods sold	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	10,044	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	70,143	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	39,793
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	5,996
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	3,487
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	968
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	17,059
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	67,303
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	2,840
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	109,353
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	112,193





**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . .	37a	
b Did the organization file Form 1120-POL for this year? . . . . .	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: . . . . . ; section 4912: . . . . . ; section 4955: . . . . .		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	X
41 List the states with which a copy of this return is filed: <u>OK</u>		
42a The organization's books are in care of: <u>Sue Schrems</u> Telephone no. <u>405-364-9647</u>		
Located at: <u>508 NORTH PETERS AVENUE, NORMAN, OK</u> ZIP + 4 <u>73069</u>		
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)? . . . . .	42b	X
If "Yes," enter the name of the foreign country: . . . . .		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .	42c	X
If "Yes," enter the name of the foreign country: . . . . .		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47 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 . . . . .
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization a section 527 organization? . . . . .
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . .

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

☒ Yes ☐ No

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.

<b>Sign Here</b>	Sue Schrems		Date	
	Signature of officer			
<b>Paid Preparer Use Only</b>	Sue Schrems, Treasurer		Date	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	Heather Koonce	Heather Koonce	04-25-2024	PTIN 201307148
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
	Norman OK 73072-1537	405-245-2247		

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



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**Historical House Museum**

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We are so grateful for the support  
provided by the City of Norman, and we  
are so lucky to be in a city that recognizes  
the value of the arts and humanities in  
building quality of life for its citizens.

