**Short Form Return of Organization Exempt From Income Tax**

**2020** 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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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**For Paperwork Reduction Act Notice, see the separate instructions.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

#### Revenue

1. Contributions, gifts, grants, and similar amounts received
2. Program service revenue including government fees and contracts
3. Membership dues and assessments
4. Investment income
5a. Gross amount from sale of assets other than inventory
5b. Less: cost or other basis and sales expenses
5c. Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)
6. Gaming and fundraising events:
   a. Gross income from gaming (attach Schedule G if greater than $15,000)
   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)
   c. Less: direct expenses from gaming and fundraising events
   d. Net income or (loss) from gaming and fundraising events (subtract line 6a and 6b and subtract line 6c) (insert no.)
7a. Gross sales of inventory, less returns and allowances
7b. Less: cost of goods sold
7c. Gross profit or (loss) from sales of inventory (subtract line 7a from line 7b)
8. Other revenue (describe in Schedule O)
9. Total revenue. Add lines 1, 2, 3, 4, 5c, 6, 7b, 7c, and 8

#### Expenses

10. Grants and similar amounts paid (list in Schedule O)
11. Benefits paid to or for members
12. Salaries, other compensation, and employee benefits
13. Professional fees and other payments to independent contractors
14. Occupancy, rent, utilities, and maintenance
15. Printing, publications, postage, and shipping
16. Other expenses (describe in Schedule O)
17. Total expenses. Add lines 10 through 16

#### Net Assets

18. Excess or (deficit) for the year (subtract line 17 from line 9)
19. 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)
20. Other changes in net assets or fund balances (explain in Schedule O)
21. Net assets or fund balances at end of year. Combine lines 18 through 20

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The document contains a detailed financial report for a tax-exempt organization, showing revenue, expenses, and net assets for the 2020 calendar year. The report includes calculations for gross receipts, deductions, and asset changes, as well as details on contributions, expenses, and changes in net assets. The organization's name is Point of Pride, and its IRS identification number is 81-2185477. The report is designed to comply with the requirements of the Internal Revenue Service for tax-exempt organizations.
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 ................................................................. 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 ................................................................. 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .................................................. 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? ................................................................................................................................. 49a X

49b If "Yes," was the related organization a section 527 organization? ................................................................................................................................. 49b

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."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
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<tbody>
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<td>NONE</td>
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| 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."

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<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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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 ................................................................. ► X 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

**Sign Here**

Jeff Main, Board Secretary

Type or print name and title

Paid Preparer Use Only

Print Type preparer's name

Nat Wachowski-Estes

Preparer's signature

Nat Wachowski-Estes, CPA

Date 04/07/2022

Check □ if self-employed

PTIN P02033749

Firm's name ► Nat Wachowski-Estes, CPA

Firm's address ► 1213 S 87th E Ave

Tulsa OK 74112

Phone no. 918–231–9055

May the IRS discuss this return with the preparer shown above? See instructions ................................................................. ► X Yes □ No