### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2021 calendar year, or tax year beginning and endi	ling						
В	Check if applicab	C Name of organization		D Employer identifie	cation number				
	Addre	REMERGE OF OKLAHOMA COUNTY, INC							
	Name chang			46-45047	48				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number						
	Final return	823 N VILLA AVE	405-208-						
	termir ated		G Gross receipts \$	1,970,171.					
	Amen	ORLAHOMA CITY, OR 75107		H(a) Is this a group return					
	Application			for subordinates	? Yes X No				
_	pendi	823 N VILLA AVE, OKLAHOMA CITY, OK 73107		H(b) Are all subordinates in	cluded? Yes No				
		empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$	527	If "No," attach a	list. See instructions				
		te: ► REMERGEOK • ORG		H(c) Group exemptio					
			L Year o	of formation: $2014$ $ m N$	1 State of legal domicile: OK				
P	art I	Summary							
ø	, 1	Briefly describe the organization's mission or most significant activities: TO REST							
Governance		THROUGH A COMPREHENSIVE DIVERSION PROGRAM (							
ern	2	Check this box							
Š	3	Number of voting members of the governing body (Part VI, line 1a)			19				
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			19				
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			66				
Activities &	6	Total number of volunteers (estimate if necessary)			51				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.				
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year 3, 251, 501.	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		0.	1,739,624. 18,675.				
Revenue	9	Program service revenue (Part VIII, line 2g)		65,587.	55,020.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10.	137,487.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,317,098.	1,950,806.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		231,499.	322,427.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	14	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		869,075.	1,100,205.				
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.00,079.	0.				
en	h	Total fundraising expenses (Part IX, column (D), line 25)  219, 701.		•	<u> </u>				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		574,534.	620,081.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,675,108.	2,042,713.				
		Revenue less expenses. Subtract line 18 from line 12		1,641,990.	-91,907.				
	4	Tiovonae 1000 expenses. Cabitaet into 10 notti into 12	Ren	ginning of Current Year	End of Year				
ets (	20	Total assets (Part X, line 16)		9,135,409.	9,509,584.				
Ass	21	Total liabilities (Part X, line 26)		257,269.	723,351.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		8,878,140.	8,786,233.				
P	art II	Signature Block	1						
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of my	knowledge and belief, it is				
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer h	nas any knowledge.					
Sig	ın	Signature of officer		Date					
He	re	JENNA MOREY, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate Check C	PTIN				
Pai		CASSANDRA WYATT		self-employ					
	parer	Firm's name KPMG LLP		Firm's EIN ▶	13-5565207				
Use	Only	Firm's address 60 E. RIO SALADO PARKWAY, STE 800		10	0 450 2605				
_		TEMPE, AZ 85281		Phone no. 48	0-459-3627				
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Form	1990 (2021) REMERGE OF OKLAHOMA COUNTY, INC	46-4504748	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO RESTORE MOTHERS AND FAMILIES THROUGH A COMPREHENSIVE	DIVERSION	
	PROGRAM OF TREATMENT, RECOVERY, AND HOPE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.		140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Voc	X No
3	If "Yes," describe these changes on Schedule O.	1es	ZZ INO
	·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, al	na
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 900,959. including grants of \$ 182,396.) (Reve		)
	TREATMENT AND REHABILITATION: THE ORGANIZATION PROVIDES		3.3TD
	ASSISTANCE TO PARTICIPANTS THAT INCLUDES HOUSING, TRANSF		AND
	FROM PROGRAM, FOOD, AND CLOTHING. REMERGE WORKS WITH A V		
	COMMUNITY AGENCIES TO PROVIDE TRAUMA-INFORMED TREATMENT		
	HEALTH AND SUBSTANCE ABUSE RECOVERY AND RELAPSE PREVENTI	ON. THESE	
	OPPORTUNITIES REMOVE BARRIERS AND ALLOW PARTICIPANTS TO	FOCUS ON	
	RECOVERY. APPROXIMATELY 68 MOTHERS SERVED, WHICH IMPACTE	ED 147 CHILDR	EN,
	PRESERVING THEIR FAMILIES. PROGRAM SERVICES ARE PROVIDED		
	INDIVIDUAL FOR 18-24 MONTHS.		
	INDIVIDUAL TON TO DI HOMINDO		
41.	(Code: ) (Expenses \$ 188,157. including grants of \$ 29,411.) (Reve		
4b			)
	EDUCATION AND EMPLOYMENT SERVICES: THE ORGANIZATION PROV		ON
	ASSISTANCE, INCLUDING TUTORING AND CLASSES FOR G.E.D. OF		
	APPLICABLE. WORKING WITH COMMUNITY PARTNERS AND OVER 40		
	EMPLOYERS, EDUCATION SUPPORT INCLUDES CAREER EXPLORATION	-	
	AND TECHNICAL SKILL DEVELOPMENT, TRAINING AND INTERNSHIP		
	ARE REQUIRED TO IDENTIFY AND WORK TOWARDS CAREER PATHWAY		
	ON EARNING A FAMILY-SUSTAINING WAGE UPON GRADUATION. APP		8
	SERVED. PROGRAM SERVICES ARE PROVIDED TO EACH INDIVIDUAL	」FOR 18-24	
	MONTHS.		
4c	(Code:) (Expenses \$161,772. including grants of \$55,934. ) (Reve	nue \$	)
	HEALTH AND WELLNESS: THE ORGANIZATION PROVIDES ASSISTANCE	CE TO	′
	PARTICIPANTS WHICH INCLUDES ACCESS TO MEDICAL AND DENTAL		
	PROVIDING TRANSPORTATION TO APPOINTMENTS AS NEEDED. HEAL		ESS
	ACTIVITIES INCLUDE TOBACCO CESSATION, NUTRITION EDUCATION		
	PHYSICAL FITNESS. REMOVING BARRIERS TO IMPROVE OVERALL E		
	CHANCES OF MAINTAINING LONG-TERM SOBRIETY. APPROXIMATELY		מינט
	PROGRAM SERVICES ARE PROVIDED TO EACH INDIVIDUAL FOR 18-	24 MUNTHS.	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 286,048 • including grants of \$ 54,686 • ) (Revenue \$	18,675.)	
4e	Total program service expenses ▶ 1,536,936.		

Form **990** (2021)

## 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		х
4	Section 501(c)(3) organizations. 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	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		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	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		Х
С	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	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ <del>-</del>
	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	14b		х
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	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		X

Form	1990 (2021) REMERGE OF OKLAHOMA COUNTY, INC 46-4504	748	Р	age <b>4</b>
Pai	rt 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		37	
	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			. v
	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	l		₹.
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<b>₩</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
р	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			<b>₩</b>
	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 of 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			3,7
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,7
	"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		_ <u>^</u>
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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b>₩</b>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<b>₩</b>
•	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		Х	
05 -	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<b>₩</b>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<b>₩</b>
	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			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
ı aı	Charle if School do Contains a vacanage or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		V	AL-
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
Ø	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

132004 12-09-21

Form 990 (2021) REMERGE OF OKLAHOMA COUNTY, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	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	66						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other an								
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		•	4a		Х			
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 Ac	cour	nts (FBAR).						
5a			,	5a		Х			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a 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	If "Yes," did the organization include with every solicitation an express statement that such contribution								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	a 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 7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
-	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file For		399 as required?	7f 7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	on an artist to the control of the c	-		8					
9	9 Sponsoring organizations maintaining donor advised funds.								
а									
b				9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1						
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c							
	• • • • • • • • • • • • • • • • • • • •			14a		_X_			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		_X_			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		_X_			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any							
	·			17					
	If "Yes," complete Form 6069.								

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19						
	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.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		_X_			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		<u>X</u>			
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point o	one or						
	more members of the governing body?			7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, so								
	persons other than the governing body?			7b		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:						
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	t the						
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)						
					Yes	No_			
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	10b					
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
ıza b	Pa Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? #"\"			12b	Х				
٠	on Schedule O how this was done	,		12c	х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approva								
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~y 1110	20,00000						
а	The organization's CEO, Executive Director, or top management official			15a	х				
	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶OK								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	finand	cial				
	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 bod JENNA MOREY - 405-208-7201  823 N VIIIIA AVENUE OKLAHOMA CTTY OK 73107	oks and	d records						

### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)			(C Posi	C)	,		(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than c		Reportable	Reportable	Estimated
	hours per					s both r/trust		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				_ B		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	tutior	er	Key employee	est co	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) JENNA MOREY	50.00									_
EXECUTIVE DIRECTOR	0.50			Х				118,911.	0.	0 .
(2) AMY SMITH	1.00									
DIRECTOR	0.00	Х						0.	0.	0 .
(3) ARIEL MOORE	1.00									
DIRECTOR	0.00	Х						0.	0.	0
(4) BEVAN STOCKDELL	1.00									
DIRECTOR	0.00	Х						0.	0.	0
(5) CARRIE BLUMERT	1.00	٦,							0	
DIRECTOR	2.00	Х						0.	0.	0
(6) CHAD MOORE	0.50	<b>37</b>		37				0.	0.	_
CHAIR (7) CRESHA REDUS	1.00	Х		Х				0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0
(8) DARA WANZER	1.00	22						0.	0.	
DIRECTOR	0.00	Х						0.	0.	0.
(9) DAVE HUSTED	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(10) JAMES BENNETT	1.00									
DIRECTOR	0.00	Х						0.	0.	0
(11) JESSICA GILMORE	1.00									
DIRECTOR	0.00	Х						0.	0.	0
(12) KAY FLOYD	1.00									
EX-OFFICIO	0.00	Х						0.	0.	0 .
(13) LASHAWN THOMPSON	2.00									
CHAIR ELECT	0.00	Х		Х				0.	0.	0
(14) LINDSAY LAIRD	1.00								•	
DIRECTOR	0.00	X						0.	0.	0
(15) SANFORD COATS	1.00	٦,		37					•	
GOVERNANCE CHAIR	0.00	Х		Х				0.	0.	0 .
(16) STEPHANIE BAILEY	2.00	37		v					^	
TREASURER  (1.7.) MARAMUA OVERSMREEM	0.50	Х		Х				0.	0.	0
(17) TABATHA OVERSTREET DIRECTOR	1.00	х						0.	0.	0.
132007 12-09-21	1 0.00	Λ						1 0.	U •	Form <b>990</b> (202

(A)  Name and title	(B) Average hours per	(do		Posi heck i	C) itior more	າ than	one	(D)  Reportable compensation	(E) Reportable	(E)		(F) Estimated amount of	
	week (list any hours for related organizations below line)	tee or director	cer ar lustitutional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	d ns SC/	com fr org an	other pensation the anization	tion e ion ed
(18) THAYLA BOHN DIRECTOR	1.00	X						0.		0.			0
(19) TONI ALLEN	1.00	^				$\vdash$		0.		0.			0.
DIRECTOR	0.00	x						0.		0.			0.
(20) TYLER TOKARCYZK	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
(21) WENDI SCHUUR	1.00	1											
DIRECTOR	0.00	Х						0.		0.			0.
		4											
						$\vdash$							
		1											
		1											
		1											
								110 011					
1b Subtotal								118,911.		0.			0.
c Total from continuation sheets to Part VI								118,911.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							o re	•	000 of reportable				<u> </u>
compensation from the organization	ot minica to th	1000	11010	u u	,000	, ***	010	, octived more than \$100,	occ or reportable	0			1
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	•							· ·	-				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a									dual for services		_		х
rendered to the organization? [f "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or st	ıch r	oers	on			<u></u>		5	ļ	Λ
Complete this table for your five highest contains the second secon	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of com	pensa	tion fro	om	
the organization. Report compensation for													
(A)								(B)			(0	<b>C)</b>	
Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	<u>1</u>
2 Total number of independent contractors (ii	•	ot lir	nited	to t	thos <i>)</i>	_	ted	above) who received mo	ore than				

Form **990** (2021)

REMERGE OF OKLAHOMA COUNTY, INC 46-4504748 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 38,000. 1 a Federated campaigns ..... Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues ..... 1b 13,503. c Fundraising events ..... 1c d Related organizations 1d 406,707. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,281,414. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f  $\triangleright$  1,739,624. h Total. Add lines 1a-1f **Business Code** 18,675. 18,675. 2 a CATALYST COOKIES PROG. 900099 Program Service f All other program service revenue ..... 18,675. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 2,858. 2,858 other similar amounts) 61,920. 61,920. Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis 9,758. Other Revenue and sales expenses 7b -9,758. c Gain or (loss) \_\_\_\_\_\_7c -9,758. -9,758. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$13,503. ofcontributions reported on line 1c). See 8a 147,094. Part IV, line 18 **b** Less: direct expenses 137,487. 137,487. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

132009 12-09-21

192,507. Form **990** (2021)

1,950,806.

e Total. Add lines 11a-11d

**12 Total revenue.** See instructions

18,675.

Do not i	Check if Schedule O contains a respons include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<b>1</b> Gra	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21				
<b>2</b> Gr	rants and other assistance to domestic	222 425	222 425		
inc	dividuals. See Part IV, line 22	322,427.	322,427.		
	rants and other assistance to foreign				
•	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	110 011	05 661	10 267	14 002
	ustees, and key employees	118,911.	85,661.	18,267.	14,983
	impensation not included above to disqualified				
-	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	728,397.	524,723.	111,895.	91,779
	ther salaries and wages	140,331•	J44,143.	111,090.	91,113
	nsion plan accruals and contributions (include	19,508.	14,053.	2,997.	2 159
	ction 401(k) and 403(b) employer contributions)	147,633.	106,352.	22,679.	2,458 18,602
	ther employee benefits	85,756.	61,777.	13,174.	10,805
	ayroll taxes	05,750.	01,7776	13,174.	10,003
	ees for services (nonemployees): anagement				
		3,617.	3,617.		
	gal	32,987.	24,694.	5,957.	2,336
	bbying	32,307.	24,034.	3,3371	2,330
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
-	lumn (A), amount, list line 11g expenses on Sch O.)	2,820.	2,115.	508.	197
	dvertising and promotion	24,272.	5,704.	13,369.	197 5,199
	fice expenses	76,972.	53,168.	19,579.	4,225
	formation technology	42,451.	31,778.	7,666.	3,007
	pyalties		·	,	•
	ccupancy	231,588.	188,638.	23,143.	19,807
	avel				-
	syments of travel or entertainment expenses				
for	r any federal, state, or local public officials				
9 Cc	onferences, conventions, and meetings	17,011.	372.	1,365.	15,274
	terest	915.		915.	
: <b>1</b> Pa	ayments to affiliates				
	epreciation, depletion, and amortization	18,939.	17,045.	947.	947
	surance	41,751.	37,575.	2,088.	2,088
abo line	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A),				
	nount, list line 24e expenses on Schedule 0.)  DUCATION	90,643.	88,830.	1,813.	
	THER	36,115.	-31,593.	39,714.	27,994
в <u>О</u>		50,115	31,333.	JJ / 1114 ·	41,774
d					
	l other expenses				
	tal functional expenses. Add lines 1 through 24e	2,042,713.	1,536,936.	286,076.	219,701
	int costs. Complete this line only if the organization	_, -,, ,, -	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
out	eck here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,412,806.	1	2,930,148.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			423,784.	3	302,718.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial cont	ributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified person	s (as defined			
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		6,192,000.	7	6,192,000.	
Assets	8	Inventories for sale or use			8		
As	9	B			36,433.	9	56,352.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	68,811.			
	b	Less: accumulated depreciation	10b	40,445.	70,386.	10c	28,366.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)		9,135,409.	16	9,509,584.
	17	Accounts payable and accrued expenses			93,169.	17	103,647.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of S	chedule D		21	
S	22	Loans and other payables to any current or for	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, su					
iab		controlled entity or family member of any of t	hese persons			22	
_	23	Secured mortgages and notes payable to un	related third p	arties		23	
	24	Unsecured notes and loans payable to unrela	· ·			24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X	164 100		610 704
		of Schedule D			164,100.		619,704.
	26	Total liabilities. Add lines 17 through 25			257,269.	26	723,351.
S		Organizations that follow FASB ASC 958, o	check here	► <u>X</u>			
Š		and complete lines 27, 28, 32, and 33.			0 440 653		0 (42 152
aar	27	Net assets without donor restrictions			8,448,653.		8,643,153.
Ä	28	Net assets with donor restrictions			429,487.	28	143,080.
Ĕ		Organizations that do not follow FASB ASC	C 958, check	here			
Ĕ		and complete lines 29 through 33.					
its (	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			8,878,140.	31	0 706 722
ž	32	Total net assets or fund balances				32	8,786,233.
	33	Total liabilities and net assets/fund balances			9,135,409.	33	9,509,584.

Pa	rt 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	<u>1,95</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,04				
3	Revenue less expenses. Subtract line 2 from line 1	3		1,9			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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	8,78	6,2	33.		
Pa	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	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:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	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?		2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** 

Name of the organization REMERGE OF OKLAHOMA COUNTY, 46-4504748 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# 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.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")	2910867.	4244863.	1251365.	3251501.	1739624.	13398220.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	22122		10-10-		1=0.00	
	Total. Add lines 1 through 3	2910867.	4244863.	1251365.	3251501.	1739624.	13398220.
5	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,						6050105
	column (f)						6058127.
	Public support. Subtract line 5 from line 4.						7340093.
		(-) 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2017 2910867.	(b) 2018 4244863.	(c) 2019 1251365.	(d) 2020 3251501.	(e) 2021 1739624	(f) Total 13398220.
	Amounts from line 4	2910007.	4244003.	1431303.	3431301.	1/39024.	13390220.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	679.	38,451.	70,529.	66,350.	64,778.	240,787.
0	and income from similar sources  Net income from unrelated business	075.	30,431.	10,323.	00,550.	04,770.	240,707.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,609.	10.		2,619.
11	<b>Total support.</b> Add lines 7 through 10			_ / • • •			13641626.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th					D1(c)(3)	
	organization, check this box and stop	-					
Sec	ction C. Computation of Public						
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, o	column (f))		14	53.81 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	51.89 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o	•		•		•	
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	_	•	*	-		
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets th				-		, —
	organization meets the facts-and-circu		-				<b>&gt;</b>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

(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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 **Part VI** 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 lines 3b and 3c 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 **Part VI** 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 Part VI 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 **Part VI** 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 Part VI 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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 Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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 Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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 Part VI.
- 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 line 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.)

		Yes	No
L	1		
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3	3a		
- 3	3b		
- 3	3c		
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	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.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	inate actional	, 5	5 9-	`

Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	ued)	, ago .	
Sect	ion D - Distributions		•		Current Year	
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
_3_	Administrative expenses paid to accomplish exempt purpose	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
_6_	Other distributions (describe in Part VI). See instructions.			6		
_7_	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3_	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i_	Carryover from 2016 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
ANNE & HENRY ZARROW FOUNDATION	375,000.	102,167.
ARNALL FAMILY FOUNDATION	759,028.	486,195.
GAYLORD FOUNDATION	974,500.	701,667.
JEAN & DAVID MCLAUGHLIN	665,135.	392,302.
REMRE	1,621,743.	1,348,910.
THE J.E. AND L.E. MABEE FOUNDATION INC.	1,000,000.	727,167.
INASMUCH FOUNDATION	2,572,552.	2,299,719.
Total Excess Contributions to Schedule A, Part II, Line 5		6,058,127.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** REMERGE OF OKLAHOMA COUNTY, INC 46 - 4504748Organization type (check one):

· · · · · ·	·					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	r is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1 contributor, durir	<u> </u>					
contributor, durir literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
ū	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> no 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify					

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# REMERGE OF OKLAHOMA COUNTY, INC

46 - 4504748

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$185,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$164,746.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 107,860.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# REMERGE OF OKLAHOMA COUNTY, INC

46 - 4504748

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$62,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$39,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# REMERGE OF OKLAHOMA COUNTY, INC

46 - 4504748

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/53 11-11.	21		Schedule B (Form 990) (2021)

Name of organization **Employer identification number** 46-4504748 REMERGE OF OKLAHOMA COUNTY, INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

INC

OMB No. 1545-0047

Inspection

Name of the organization REMERGE OF OKLAHOMA COUNTY, **Employer identification number** 46 - 4504748

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iliar Funds of A	CCOUNTS. Complete if the
		(a) Donor advised f	unds	(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 w			
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	,		
Par	impermissible private benefit?		F 000 D-+ II	Yes No
			on Form 990, Part IV	/, line /.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreati	· —		torically important land area
	Protection of natural habitat	F	reservation of a cer	tified historic structure
•	Preservation of open space	and a superior and the superior and the superior		
2	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	ed conservation contribution	on in the form of a c	Held at the End of the Tax Year
_				
_	Total number of conservation easements			2a
b		-t :ldd :- (-)		2b
	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	•		
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or term	ninated by the organ	nization during the tax
4	year ▶ Number of states where property subject to conservation ease	amont is located		
4 5	Does the organization have a written policy regarding the period	<u></u>	handling of	
3	violations, and enforcement of the conservation easements it l		,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		enforcing conservat	
U	Land volunteer mours devoted to monitoring, inspecting, in	arialing of violations, and t	smoreling conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	cina conservation e	asements during the year
•	S	ing or violations, and emor	oning consolvation of	addition adming the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	of section 170(h)(4)(F	3)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenu	ie statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or	research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	oes these items.	
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue st	atement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	400 A			<b>.</b> .
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			> \$

132051 10-28-21

Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	rt III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other S	Similar .	Assets	(contin	nued)	
3	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):										
а	Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	am					
b	Scholarly research	е	. 🗌	Other							
С	Preservation for future generations										
4								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 ma	aintained as part of th	he organi	zation's co	llection?				Yes	No	0
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	'Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other ass	sets not ind	cluded				
	on Form 990, Part X?								Yes	□ No	o
b											
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a							?		Yes	X No	0
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on F	Part XIII					
Par	rt V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 10					
		(a) Current year	( <b>b)</b> Pi	rior year	(c) Two year	rs back (c	d) Three ye	ars back	(e) Four	r years back	<
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administer	ed for the	organizati	ion			
	by:									Yes No	)
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990						_
	Description of property	(a) Cost or o basis (investr		٠,	or other (other)		cumulated eciation		(d) Boo	k value	
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other			6	8,811.	•	40,44	5.		8,366	
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)				2	8,366	•

Schedule D (Form 990) 2021

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) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financia	ll derivatives			
	held equity interests			
(3) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(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)	a) must squal Form 000 Port V sol (P) line 12			
Part IX	o) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
i dit ix	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description	114. 333 1 3.111 333, 1 4.173, 1113 13.	(b) Book value
(1)	(-)	, 2000		(2) 20011 14:00
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	ne 15.)	<b></b>	
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) Fede	eral income taxes			'
	Y FOR SUCCESS NOTE			615,000 4,704

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAY FOR SUCCESS NOTE	615,000.
(3)	FUNDS HELD IN TRUST	4,704.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	619,704.

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 ... X

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 REMERGE OF OKLAHOMA COU	NTY, INC	46-450474	18 Page
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5	
Pai	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	

#### Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b

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

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.

4a

#### PART X, LINE 2:

THE ORGANIZATION COMPLIES WITH THE REQUIREMENTS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IN ADDITION, ASC 740 PROVIDES GUIDANCE ON RECOGNITION, CLASSIFICATION, AND ACCOUNTING IN INTERIM PERIODS AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX PROVISIONS. THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AND THEREFORE HAS RECORDED NO LIABILITY OR BENEFIT FOR SUCH POSITION FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021  Part XIII   Supplemental Infor	REMERGE OF	OKLAHOMA	COUNTY,	INC	46-4504748	Page 5
Part XIII   Supplemental Infor	mation (continued)					

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
REMERGE	OF OKLAHOMA COUNT	Υ, ]	INC			46-4504	748
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments</li> <li>b If "Yes," list the 10 highest paid individendments</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	· <del></del>
(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				
Total	I		_				
List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	it is	exempt from re	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			LUNCHEON			col. <b>(c)</b> )
o o			(event type)	(event type)	(total number)	. , ,
Revenue			160 505			160 505
3ev	1	Gross receipts	160,597.			160,597.
			12 502			12 502
	2	Less: Contributions	13,503.			13,503.
		Overaging and discounting O	147,094.			147 004
	3	Gross income (line 1 minus line 2)	147,094.			147,094.
	4	Cash prizes				
	4	Casir prizes				
	5	Noncash prizes				
S		Tronbadir prizad				
SUS	6	Rent/facility costs				
Direct Expenses						
ct E	7	Food and beverages	7,297.			7,297.
)ire						
_	8	Entertainment				
	9	Other direct expenses				2,310.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		<b>&gt;</b>	9,607.
	11					137,487.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Т	T =		Τ
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)
Re						
	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	_	Od311 p11203				
Sen	3	Noncash prizes				
EX						
ect	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			Yes %	Yes %		
	6	Volunteer labor	No No	☐ No	☐ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
_	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
O	П "	No," explain:				
	_					
10 a	\\/c	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax s	year?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			163 . 140
	_					_
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 REMERGE OF OKLAHOMA COUNTY, INC. 46-	4504/4	B Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
b	If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party >\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. Ye	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_

Schedule G	G (Form 990)	REMERGE O	F OKLAHOMA	COUNTY,	INC	46-4504748	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued	<del>/</del> )	-			
		(continuos	·/				
-							
r-							
		· · ·					

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

REMERGE (	F OKLAHOM	A COUNTY, I	NC				46-4504748
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	1
criteria used to award the grants or ass	stance?						No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	and government org	uganizations listed in th	e line 1 table		<u> </u>	1	<b>&gt;</b>
3 Enter total number of other organization	-						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FOOD, CLOTHING, BASIC NEEDS,
FOOD, CLOTHING, AND SHELTER FOR INDIVIDUALS	68	0.	322,427.	FMV	AND SHELTER
Part IV Supplemental Information. Provide the information req	using die Doct I lie	a Or David III. a alivusus	(b), and any other as	Jaliki a a a l in farma aki a a	
	uired in Part I, iiri	e 2, Part III, Column	(b), and any other ac	aditional information.	
PART I, LINE 2:					
ALL PARTICIPANTS RECEIVE ASSISTANC	E. IN ADD	ITION, PAR	RTICIPANTS	CAN COMPLETE	
A FLEX FUND REQUEST FOR ADDITIONAL	ASSTSTAN	CE. THESE	RECUIESTS A	RE REVIEWED	
BY THE PROGRAM AND APPROVED IF FUN	DING IS A	VAILABLE A	ND PARTICI	PANT IS	
PROGRESSING IN THE PROGRAM.					
_					

# SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

REMERGE OF OKLAHOMA COUNTY, INC

Employer identification number 46-4504748

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND HOPE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: REMERGE CONTINUING CARE: THE ORGANIZATION PROVIDES A RECOVERY AFTERCARE PROGRAM TO PREVENT RELAPSE AND PROVIDE ADDITIONAL SUPPORT FOR REMERGE GRADUATES AND THEIR FAMILIES. ADDITIONAL SERVICES INCLUDE FLEX FUNDS. QUARTERLY FAMILY ACTIVITIES, PARENTING SUPPORT, ACCESS TO A LEGAL AID AND EMPLOYMENT SERVICES. APPROXIMATELY 68 SERVED. PROGRAM SERVICES ARE PROVIDED TO EACH INDIVIDUAL FOR 18-24 MONTHS. EXPENSES \$ 124,963. INCLUDING GRANTS OF \$ 19,352. REVENUE \$ 0. STRENGTHENING FAMILIES FAMILY REUNIFICATION SUPPORT: THE ORGANIZATION UTILIZES COMMUNITY AGENCIES TO PROVIDE PARTICIPATNS WITH PARENTING EDUCATION, FAMILY COUNSELING, AND REUNIFICATION SUPPORT. ON-SITE SUPPORT IS PROVIDED TO HELP PARTICIPANTS NAVIGATE DHS INVOLVEMENT AND REUNIFICATION VISITS AND RELATIONSHIPS. STRENGTHENING FAMILIES SUPPORT DEEPENS PARTICIPANTS RELATIONSHIPS WITH THEIR CHILDREN AND CREATES HEALTHY FAMILY COMMUNICATION. APPROXIMATELY 68 SERVED. PROGRAM SERVICES ARE PROVIDED TO EACH INDIVIDUAL FOR 18-24 MONTHS. EXPENSES \$ 49,820. INCLUDING GRANTS OF \$ 6,892. REVENUE \$ CATALYST COOKIES SOCIAL ENTERPRISE PROGRAM WHERE PARTICIPANTS PARTICIPATE IN JOB-READINESS PROGRAMS AND CLASSES TO GAIN ESSENTIAL JOB SKILLS. THE

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization REMERGE OF OKLAHOMA COUNTY, INC

Employer identification number 46-4504748

CATALYST COOKIES PROGRAM PREPARES PHASE 1 PARTICIPANTS FOR THE

WORKFORCE.

EXPENSES \$ 111,265. INCLUDING GRANTS OF \$ 28,442. REVENUE \$ 18,675.

FORM 990, PART VI, SECTION B, LINE 11B:

REMERGE OF OKLAHOMA COUNTY, INC. HIRES A LOCAL INDEPENDENT PUBLIC

ACCOUNTING FIRM EXPERIENCED IN THE PREPARATION OF FORMS 990 TO PREPARE THE

RETURN. THE EXECUTIVE OFFICE MANAGER, IN COLLABORATION WITH THE EXECUTIVE

DIRECTOR, TO GATHER THE INFORMATION REQUIRED. A COPY OF THE

RETURN IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS, COMMITTEE MEMBERS, OFFICERS, AND EMPLOYEES ARE REQUIRED TO

COMPLY WITH REMERGE OF OKLAHOMA COUNTY, INC.'S CONFLICT OF INTEREST POLICY.

ALL CONFLICTS AND POTENTIAL CONFLICTS OF INTEREST ARE REQUIRED TO BE

DISCLOSED TO THE BOARD CHAIR AT THE EARLIEST POSSIBLE TIME UPON

RECOGNITION OF THE CIRCUMSTANCES WHICH GIVE RISE TO THE CONFLICT. IN

ADDITION, CONFLICT OF INTEREST FORMS ARE REQUIRED TO BE COMPLETED ANNUALLY

AND SUBMITTED TO THE BOARD CHAIR WITHIN 60 DAYS AFTER THE BEGINNING OF EACH

CALENDAR YEAR. THE INFORMATION PROVIDED IS SUBSEQUENTLY

REVIEWED BY THE INTERNAL MANAGEMENT OF REMERGE AND APPROPRIATE ACTION IS

TAKEN AS NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15:

SALARIES ARE BASED ON LOCAL INDUSTRY STANDARDS INCLUDING A REVIEW OF THE

ANNUAL OKLAHOMA CENTER FOR NONPROFITS, AN INDEPENDENT THIRD PARTY,

COMPENSATION STUDY THAT IS BASED ON LOCAL NON-PROFIT SALARIES. SALARY

INCREASES FOR THE EXECUTIVE DIRECTOR ARE DETERMINED AT AN ANNUAL

Schedule O (Form 990) 2021	Page 2
Name of the organization  REMERGE OF OKLAHOMA COUNTY, INC	Employer identification number $46-4504748$
EVALUATION AND SET BY THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT (	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC (	JPON REQUEST.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

REMERGE OF OKI		46-4504748						
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct o	<b>(f)</b> ontrolling ntity	)
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one	or more	related tax-exer	npt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	enti	rolled ity?
REMRE, INC 83-1612984 823 N VILLA AVE OKLAHOMA CITY, OK 73107	REAL ESTATE	OKLAHOMA	501(C)(3)	LINE 12B	REMERGI	E	Yes	No
	_					-	21	

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Schedule R (Form 990) 2021

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Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990.	, Part IV, line 34, because i	it had one or more related
Partill	organizations treated as a partnership during the tax year.	•			
	organizations treated as a partitioning daring the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	l	l	l .	l .		l			I	-	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)									
	Loans or loan guarantees to or for related organization(s)									
е	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
	Performance of services or membership or fundraising solicitations for related organi				11		X			
	Performance of services or membership or fundraising solicitations by related organi				1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X			
	Sharing of paid employees with related organization(s)				10		X			
p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		X			
s	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on wh									
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved					
		type (a-s)								
1)										
2)										
3)										
4)										
5)										
6)										
3216	3 11-17-21			Schedule	R (For	n 990	2021			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners	) ntage rship
								Ochodolo			