

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2022

Name of filer: SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE; EIN or SSN: 84-3698454

Name and title of officer or person subject to tax: JAN LEDFORD PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (e.g., Form 990, Form 990-EZ) and Amount (e.g., 66,412)

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only. I authorize H AND R BLOCK to enter my PIN 18454 as my signature. ERO firm name. Enter five numbers, but do not enter all zeros.

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 732674 35830

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

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

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 8879-TE (2022)

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

2022

Department of the Treasury
 Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning _____, 2022, and ending _____, 20

| | | |
|---|---|--|
| <p>B Check if applicable:</p> <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <p>C Name of organization SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2083</p> <p>City or town, state or province, country, and ZIP or foreign postal code DUNCAN OK 73534</p> | <p>D Employer identification number 84-3698454</p> <p>E Telephone number (580) 467-0593</p> <p>F Group Exemption Number</p> |
|---|---|--|

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: N/A

J Tax-exempt status (check only one) -- 501(c)(3) 501(c)() (insert no.) 4947(e)(1) or 527

K Form of organization: Corporation Trust Association Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **68,722**

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) | | | |
|---|---|-----------|--------|
| Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> | | | |
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 23,903 |
| | 2 Program service revenue including government fees and contracts | 2 | 26,014 |
| | 3 Membership dues and assessments | 3 | 1,550 |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events: | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | 17,255 |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| c Less: direct expenses from gaming and fundraising events | 6c | 2,310 | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 14,945 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 66,412 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 500 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 11,852 |
| | 15 Printing, publications, postage, and shipping | 15 | 3,544 |
| | 16 Other expenses (describe in Schedule O) | 16 | 26,057 |
| 17 Total expenses. Add lines 10 through 16 | 17 | 41,953 | |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | 24,459 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 8,933 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 33,392 |

Part II Balance Sheets (see the instructions for Part II)

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

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE ATTACHMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Table with 3 columns: Description, Expense amount, Expense label. Rows include SEE ATTACHMENT, 28a, 29a, 30a, 31a, 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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

| Yes | No |
|-----|----|
| | X |

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

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

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

| | | | |
|--|------------|------------------------------|--|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

| | | |
|------------------|---|------|
| Sign Here | Signature of officer JAN LEDFORD | Date |
| | Type or print name and title PRESIDENT | |

| | | | | | |
|-------------------------------|---|-------------------------|------|---|---------------------------|
| Paid Preparer Use Only | Print/Type preparer's name ANNETTE BULLARD | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00497239 |
| | Firm's name H AND R BLOCK | Firm's EIN 731461846 | | | Phone no. 405-238-2266 |
| | Firm's address 311 S CHICKASAW | | | | |

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

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization: **SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE** Employer identification number: **84-3698454**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 15 Public support percentage for 2022; 16 Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 17 Investment income percentage for 2022; 18 Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests -- 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests -- 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE

Employer identification number

84-3698454

PART 1 LINE 16 - PRIZE MONEY 9500

PART 1 LINE 16 - SUPPLIES 10619

PART 1 LINE 16 - REGISTRATION FEES 148

PART 1 LINE 16 - POSTAGE 474

PART 1 LINE 16 - SUBSCRIPTIONS 686

PART 1 LINE 16 - ADVERTISING 1194

PART 1 LINE 16 - INSURANCE 250

PART 1 LINE 16 - CATERING 2015

PART 1 LINE 16 - BANK& CC FEES 171

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE

Employer identification number

84-3698454

PART 1 LINE 16 - MONEY GIVEN TO LOCAL CHARITIES 1000

2022 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2022, or tax period beginning

, and ending

Name of Organization

SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE

Employer Identification Number

84-3698454

Primary Purpose

RECOGNIZING THAT WOMEN GOLFERS IN SOUTHERN OKLAHOMA WERE UNDER REPRESENTED, SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE, SOLGA, WAS CREATED TO HELP FILL THAT VOID. SOLGAS PURPOSE IS TO ORGANIZE, EVOLVE AND GROW THE GAME OF GOLF FOR WOMEN, ELEVATE THE VOICE OF FEMALE GOLFEERS IN SOUTHERN OKLAHOMA, USE OUR LOVE OF GOLF TO CREATE POSITIVE AND SUPPORTIVE EXPERIENCES FOR WOMEN IN OUR COMMUNITY. SOLGA PROVIDES OUR MEMBERS AN INSTANT GOLF COMMUNITY AND THE ABILITY TO BUILD A GREAT NETWORK OF FELLOW GOLFERS, FUTURE FRIENDS, AND BUSINESS CONNECTIONS. SOLGAS "GOLF GIVES BACK" AGENDA IS AN EXTENSION OF OUR ORGANIZATIONS PURPOSE. BEYOND GROWING AND EVOLVING THE GAME OF GOLF FOR WOMEN, WE ALSO SUPPORT VARIOUS CHARITIES, INCLUDING OUR OWN ORGANIZATIONS CHARITY INITIATIVE, THE LOVE YOU WELL FOUNDATION. OUR ORGANIZATIONS MISSION AND INITIATIVES ARE FUNDED THROUGH MEMBERSHIP DUES, DONATIONS, FUNDRAISERS AND GOLF TOURNAMENTS. SOLGA IS OPERATED 100% BY VOLUNTEERS

2022 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

| | | |
|-----------------------|---|--------------|
| OPEN TO PUBLIC | | |
| INSPECTION | For calendar year 2022, or tax period beginning | , and ending |

| | |
|---|---|
| Name of Organization SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE | Employer Identification Number 84-3698454 |
|---|---|

Part III - Statement of Program Service Accomplishments

| | | | |
|------------------------|--------------------------------|--------------------------|--------|
| Grants and allocations | Amount includes foreign grants | Program service expenses | 41,953 |
|------------------------|--------------------------------|--------------------------|--------|

Exempt Purpose Achievements

SOLGA HAS BEEN SUCCESSFULL IN GROWING OUR MEMBERSHIP AND CREATING SOCIAL NETWORKS TO CONNECT FEMALE GOLFERS TO INCLUDE DEVELOPING AND MAINTAINING 3 WEBSITES AND 3 FACEBOOK PAGES. SOLGAS CHARITY INITIATIVE, THE LOVE YOU WELL FOUNDATION, WAS DEVELOPED IN 2022. SOLGA HAS PARTNERED WITH THE CANCER CENTERS OF NORTHWAEST OKLAHOMA TO PROVIDE A SELF-CARE PROGRAM FOR 350 PLUS WOMEN UNDERGOING CANCER TREATMENT ANNUALLY IN STEPHENS COUNTY OKLAHOMA. SOLGA PROCURED THE MANAGEMENT CONTRACT OF ONE OF OKLAHOMAS LONGEST RUNNING LADIES AMATEUR GOLF TOURNAMENTS, THE DUNK N DIVOT LADIES INVITATIONAL. SOLGA ALSO CREATED AND HOSTS THE ANNUAL RED RIVER CHALLENGE, WHERE PLAYERS NOT ONLY COMPETE FOR PRIZES BUT DONATIONS TO THEIR NOMINATED CHARITIES

2022 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2022, or tax period beginning , and ending

Name of Organization SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE Employer Identification Number 84-3698454

| (A) Name and Title | (B) Average hours per week devoted to position | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont. to employee ben. plans & def. comp. | (E) Expense account & other compensation |
|--------------------------------|--|--|---|--|
| JAN LEDFORD PRESIDENT | 7.00 | 0 | 0 | 0 |
| CINDY HARPER VICE PRESIDENT | 1.00 | 0 | 0 | 0 |
| MARTHA WALKER SECRETARY | 1.00 | 0 | 0 | 0 |
| ANNETTE BULLARD TREASURER | 0.00 | 0 | 0 | 0 |

2022 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC
INSPECTION

For calendar year 2022, or tax period beginning , and ending

Name of Organization

Employer Identification Number

SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE

84-3698454

Part V - Line 42a

Individual Name JAN LEDFORD

or

Business Name:

Street Address 2206 FAIRWAY DR

U.S. Address:

Zip code 73533

City DUNCAN

State OK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (580) 467-0593

Fax Number

SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE

05/10/23

Profit & Loss

Accrual Basis

January through December 2022

| | Jan - Dec 22 |
|---------------------------------------|--------------|
| Ordinary Income/Expense | |
| Income | |
| Direct Public Support | |
| Individ, Business Contributions | 23,902.83 |
| Total Direct Public Support | 23,902.83 |
| Gaming Income | |
| Admissions | 1,800.00 |
| Blingo Night | 15,455.00 |
| Total Gaming Income | 17,255.00 |
| Program Income | |
| ENTRY FEES | 26,013.92 |
| Membership Dues | 1,550.00 |
| Total Program Income | 27,563.92 |
| Total Income | 68,721.75 |
| Expense | |
| Awards and Grants | |
| Cash Awards and Grants | 10,500.00 |
| Total Awards and Grants | 10,500.00 |
| Business Expenses | |
| Business Registration Fees | 147.60 |
| Total Business Expenses | 147.60 |
| Contract Services | |
| Outside Contract Services | 500.00 |
| Total Contract Services | 500.00 |
| Facilities and Equipment | |
| Equip Rental and Maintenance | 1,469.00 |
| Event Fees | 10,383.15 |
| Total Facilities and Equipment | 11,852.15 |
| Gaming Expenses | |
| Blingo Night | 2,310.06 |
| Total Gaming Expenses | 2,310.06 |
| Operations | |
| Books, Subscriptions, Reference | 685.98 |
| Postage, Mailing Service | 474.07 |
| Printing and Copying | 3,544.04 |
| Supplies | 10,619.14 |
| Total Operations | 15,323.23 |
| Other Types of Expenses | |
| Advertising Expenses | 1,193.75 |
| Bank & CC Fees | 170.61 |
| Catering | 2,015.40 |
| Insurance - Liability, D and O | 250.00 |
| Total Other Types of Expenses | 3,629.76 |
| PETTY CASH | 0.00 |
| Total Expense | 44,262.80 |
| Net Ordinary Income | 24,458.95 |
| Net Income | 24,458.95 |

SOUTHERN OKLAHOMA LADIES GOLF ALLIANCE

Balance Sheet

As of December 31, 2022

| | <u>Dec 31, 22</u> |
|---------------------------------------|-------------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| BANCFIRST | 33,392.13 |
| Total Checking/Savings | <u>33,392.13</u> |
| Total Current Assets | <u>33,392.13</u> |
| TOTAL ASSETS | <u><u>33,392.13</u></u> |
| LIABILITIES & EQUITY | |
| Equity | |
| Opening Balance Equity | 8,933.18 |
| Net Income | 24,458.95 |
| Total Equity | <u>33,392.13</u> |
| TOTAL LIABILITIES & EQUITY | <u><u>33,392.13</u></u> |

