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

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

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

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

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

2019

DLN: 93493070013311

☑ Yes ☐ No

Form 990 (2019)

Cat. No. 11282Y

Open to Public

OMB No. 1545-0047

Form 990
Department of the Treasury Internal Revenue

Inspection For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020 D Employer identification number B Check if applicable: KELLY B TODD CEREBRAL PALSY & NEURO-MUSC \square Address change 51-0163643 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2643 ☐ Amended return ☐ Application pending (918) 683-4621 City or town, state or province, country, and ZIP or foreign postal code MUSKOGEE, OK $\,$ 74402 $\,$ G Gross receipts \$ 661,712 Name and address of principal officer: H(a) Is this a group return for **DIANE TIMMONS** □Yes ☑No subordinates? PO BOX 2643 H(b) Are all subordinates MUSKOGEE, OK 744022643 ☐ Yes ☐No included? **✓** 501(c)(3) ☐ 501(c) () **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation: 1975 M State of legal domicile: OK **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: HELPING CHILDREN WITH CHALLENGES IN MOTOR, COMMUNICATION AND ADAPTIVE SKILLS REACH THEIR OPTIMAL POTENTIAL Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 90 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 **7**a **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 179,201 184,344 Ravenue 474,740 483,759 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,374 -24,016 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 90,038 12,180 768,353 656,267 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 365,190 354.644 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 289,557 303,503 654,747 658,147 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 113,606 -1,880 Net Assets or Fund Balances Beginning of Current Year **End of Year** 706,543 704,785 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 19,485 19,607 687,058 685,178 22 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here DIANE TIMMONS President Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P00018985 Paid self-employed Firm's name CLOTHIER & COMPANY CPA PC Firm's EIN ► 73-1454118 Preparer Use Only Firm's address ► 219 N 3RD ST STE 201 Phone no. (918) 687-0189 MUSKOGEE, OK 74401