

**Short Form**

**Return of Organization Exempt From Income Tax**

**2020**

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

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

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning** 01/01/2020 **and ending** 12/31/2020

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**CHICKASHA SOUP KITCHEN**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 50**

City or town, state or province, country, and ZIP or foreign postal code  
**Chickasha, OK, 73023**

**D** Employer identification number  
**83-4492665**

**E** Telephone number  
**405-999-5761**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [www.chickashasoupkitchen.org](http://www.chickashasoupkitchen.org)

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(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 . . . . . ▶ \$ **73,340**

**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 . . . . .

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>73,340</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>0</b>
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>0</b>	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>0</b>
<b>4</b>	Investment income . . . . .	<b>4</b>	<b>0</b>	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>4,755</b>
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>0</b>
<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>173</b>
<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>	<b>16</b>	Other expenses (describe in Schedule O) <u>See Schedule O, Statement 2</u> . . . . .	<b>16</b>	<b>19,887</b>
<b>6</b>	Gaming and fundraising events:			<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>24,815</b>
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	<b>0</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	<b>48,525</b>
<b>b</b>	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<b>0</b>	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>0</b>
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>0</b>	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>0</b>
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>0</b>	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>48,525</b>
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>0</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	<b>0</b>				
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>				
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<b>0</b>				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>73,340</b>				

**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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	0	<b>22</b> 48,525
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25 Total assets</b> . . . . .	<b>0</b>	<b>25</b> 48,525
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	<b>0</b>	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	<b>0</b>	<b>27</b> 48,525

**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 Schedule O, Statement 3

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.

<b>28</b> <u>We served on average 50 families per day of operation. We are open each weekday for the lunch hour.</u>			
(Grants \$	0) If this amount includes foreign grants, check here	<input type="checkbox"/>	<b>28a</b> 0
<b>29</b> _____			
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	<b>29a</b>
<b>30</b> _____			
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) _____			
(Grants \$	0) If this amount includes foreign grants, check here	<input type="checkbox"/>	<b>31a</b> 0
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .			<b>32</b> 0

**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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Michael Oberlender</u> <u>Treasurer</u>	5.00	0	0	0
<u>Gina Crosley</u> <u>Board Chair</u>	5.00	0	0	0
<u>Linda Cantu</u> <u>Vice Chair</u>	5.00	0	0	0
<u>Carolyn Spradlin</u> <u>Secretary</u>	5.00	0	0	0