

STANFIELD + O'DELL, P.C.
1350 S. BOULDER AVE. STE 800
TULSA, OK 74119

KENDALL WHITTIER, INC.
P.O. BOX 4165
TULSA, OK 74159
ATTN: SHANA THOMAS
|||||

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

December 9, 2021

Kendall Whittier, Inc.
P.O. Box 4165
Tulsa, OK 74159
Attention: Shana Thomas

Dear Shana:

Enclosed is the organization's 2020 Exempt Organization return. The state Exempt Organization return is also enclosed.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2022.

OKLAHOMA FORM 512E RETURN:

The Oklahoma Form 512E should be mailed to:

Oklahoma Tax Commission
P.O. Box 26800
Oklahoma City, OK 73126-0800

No payment is required.

The return should be signed and dated by the authorized individual(s).

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Justin A. Moore, CPA

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2020

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
ANNE & HENRY ZARROW FOUNDATION	115,000.	100,724.
MARY K CHAPMAN FOUNDATION	45,000.	30,724.
RUTH K NELSON FAMILY FOUNDATION	60,000.	45,724.
RUTH K NELSON REVOCABLE TRUST	15,000.	724.
SHARNA & IRVIN FRANK FOUNDATION	25,000.	10,724.
WHITMIRE FAMILY CHARITABLE FOUNDATION	43,500.	29,224.
Total Excess Contributions to Schedule A, Part II, Line 5		217,844.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

KENDALL WHITTIER, INC.

73-1016797

Name and title of officer or person subject to tax

**LORI DECTER WRIGHT
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>142,413.</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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 organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize STANFIELD + O'DELL, P.C. to enter my PIN 16797
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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 will 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.

73283720306

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ JUSTIN A. MOORE, CPA Date ▶ 12/09/21

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

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. KENDALL WHITTIER, INC.	Taxpayer identification number (TIN) 73-1016797
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4165	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74159	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SHANA THOMAS

- The books are in the care of ▶ **14329 S GARY AVE - BIXBY, OK 74008**
Telephone No. ▶ **918-829-5394** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Short Form

Form **990-EZ**

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 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 **JUL 1, 2020** and ending **JUN 30, 2021**

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

C Name of organization: **KENDALL WHITTIER, INC.**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **P.O. BOX 4165**
 City or town, state or province, country, and ZIP or foreign postal code: **TULSA, OK 74159**

D Employer identification number: **73-1016797**

E Telephone number: **918-829-5394**

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **HTTP://WWW.KENDALLWHITTIERINC.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 ▶ \$ **155,982.**

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 1 133,705.
	2 Program service revenue including government fees and contracts 2
	3 Membership dues and assessments 3
	4 Investment income SEE SCHEDULE O 4 1,697.
	5a Gross amount from sale of assets other than inventory 5a 20,580.
	b Less: cost or other basis and sales expenses 5b 13,569.
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 7,011.
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
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	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	
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 9 142,413.	
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 12 123,034.
	13 Professional fees and other payments to independent contractors 13 4,923.
	14 Occupancy, rent, utilities, and maintenance 14 1,063.
	15 Printing, publications, postage, and shipping 15 167.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 21,017.
17 Total expenses. Add lines 10 through 16 17 150,204.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -7,791.
	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) 19 202,208.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O 20 18,814.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 213,231.

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

Form **990-EZ** (2020)

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
22 Cash, savings, and investments	87,519.	22	70,536.
23 Land and buildings	6,900.	23	6,900.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	110,076.	24	138,150.
25 Total assets	204,495.	25	215,586.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	2,287.	26	2,355.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	202,208.	27	213,231.

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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.

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

28 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		50,851.
29 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		43,069.
30 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		7,152.
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		101,072.

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
JANICE GOETZINGER PRESIDENT	0.50	0.	0.	0.
SALETHA FULLER VICE PRESIDENT	0.50	0.	0.	0.
TERRENCE MICHAEL SECRETARY	0.50	0.	0.	0.
TALLY FERGUSON TREASURER	0.50	0.	0.	0.
EMILY HOLMAN DIRECTOR	0.50	0.	0.	0.
ASHLEY BATH DIRECTOR	0.50	0.	0.	0.
BETH DELANCY DIRECTOR	0.50	0.	0.	0.
GINI FOX DIRECTOR	0.50	0.	0.	0.
ROBERT FOUNDS DIRECTOR	0.50	0.	0.	0.
CARROLL JONES DIRECTOR	0.50	0.	0.	0.
JEAN MADERE DIRECTOR	0.50	0.	0.	0.
VICTORIA MOORE DIRECTOR	0.50	0.	0.	0.

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 Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

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

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(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." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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: _____ Date: _____

LORI DECTER WRIGHT, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JUSTIN A. MOORE, CPA	JUSTIN A. MOORE, CPA	12/09/21		P00420306
	Firm's name ▶ STANFIELD + O'DELL, P.C.	Firm's address ▶ 1350 S. BOULDER AVE. STE 800 TULSA, OK 74119		Firm's EIN ▶ 73-1293433	Phone no. 918-628-0500

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	122,352.	130,380.	156,212.	162,360.	133,705.	705,009.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	122,352.	130,380.	156,212.	162,360.	133,705.	705,009.
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, column (f)						217,844.
6 Public support. Subtract line 5 from line 4.						487,165.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	122,352.	130,380.	156,212.	162,360.	133,705.	705,009.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,285.	1,577.	1,986.	2,223.	1,697.	8,768.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						713,777.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	68.25 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	70.80 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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

b 33 1/3% support tests - 2019. 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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one 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 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

KENDALL WHITTIER, INC.

Employer identification number

73-1016797

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

KENDALL WHITTIER, INC.

73-1016797

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	ANNE AND HENRY ZARROW FOUNDATION 401 SOUTH BOSTON AVE SUITE 900 TULSA, OK 74103	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COLLEGE HILL PRESBYTERIAN CHURCH 712 S COLUMBIA TULSA, OK 74104	\$ 11,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GELVIN FOUNDATION P O BOX 837 EUFAULA, OK 74432	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GEORGE KAISER FAMILY FOUNDATION 7030 SOUTH YALE SUITE 600 TULSA, OK 74136	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RUTH K NELSON FAMILY FOUNDATION 1350 SOUTH BOULDER #400 TULSA, OK 74119	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SHARNA AND IRVIN FRANK FOUNDATION 3125-B SOUTH YALE AVENUE TULSA, OK 74135	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENDALL WHITTIER, INC.	Employer identification number 73-1016797
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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	MARY K CHAPMAN FOUNDATION 6100 SOUTH YALE AVE, STE 1816 TULSA, OK 74136	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KENDALL WHITTIER, INC.	Employer identification number 73-1016797
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Part II Noncash Property (see instructions). Use duplicate copies of Part II 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization KENDALL WHITTIER, INC.	Employer identification number 73-1016797
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

KENDALL WHITTIER, INC.

Employer identification number

73-1016797

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST & DIVIDEND INCOME	1,697.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MGMT EXP:INSURANCE OTHER	2,452.
MGMT EXP:MISCELLANEOUS	1,012.
MGMT EXP:OFFICE SUPPLIES	140.
MGMT EXP:SOFTWARE AND IT SUPPORT	2,522.
MGMT EXP:TAXES OTHER	202.
MGMT EXP:TELEPHONE	1,659.
YEARLY APPEAL	304.
NON-MGMT EXP:FITNESS & NUTRITION FO	791.
NON-MGMT EXP:FOOD PURCHASES	363.
NON-MGMT EXP:INSURANCE LIABILITY	2,057.
NON-MGMT EXP:PIE PROJECTS (SOCCER T	1,152.
NON-MGMT EXP:TELEPHONE PROGRAMS	1,853.
OTHER-IN KIND EXP:MGMT	154.
OTHER-IN KIND EXP:NON-MGMT	3,260.
MGMT EXP : ORGANIZATIONAL DEVELOPME	729.
NON-MGMT EXP: TIPTON GARDEN	2,154.
MGMT EXP: FUNDRAISING EXPENSE	213.
TOTAL TO FORM 990-EZ, LINE 16	21,017.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization KENDALL WHITTIER, INC.	Employer identification number 73-1016797
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CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
NET UNREALIZED GAIN OR LOSS ON INVESTMENT	18,814.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT IN MUTUAL FUNDS	105,170.	131,806.
OTHER DEPRECIABLE ASSETS	4,906.	6,344.
TOTAL TO FORM 990-EZ, LINE 24	110,076.	138,150.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX LIABILITIES	2,287.	2,355.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - HOME-GROWN COMMUNITY ORGANIZATION INCORPORATING SELF-SUFFICIENCY FOR OUR NEIGHBORS THROUGH FOOD SECURITY, NUTRITIONAL HEALTH, AND WELL-BEING.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

EMERGENCY FOOD PANTRY

OUR OVERALL OBJECTIVE IS TO IMPROVE THE QUALITY OF OUR NEIGHBORS' LIVES BY MEETING THEIR NEEDS FOR HEALTHY EMERGENCY FOOD SERVICES. OUR EMERGENCY FOOD PANTRY (EFP) HAS BEEN IN CONTINUOUS OPERATION SINCE 2000 AND PROVIDES, AT NO COST, ONE WEEK'S WORTH OF FOOD FOR A FAMILY OR INDIVIDUAL IN NEED UP TO SIX TIMES PER A ROLLING 12 MONTH PERIOD. WE PROTECT THE SECURITY OF OUR DONATED SPACE, OUR FRUGAL BUDGET, AND THE DIGNITY OF OUR CLIENTS BY UTILIZING CAREFULLY SCREENED VOLUNTEERS FOR HOME DELIVERIES. DURING OUR 2020-2021 FISCAL YEAR WE SERVED 995 UNDUPLICATED INDIVIDUALS, AND 1506 DUPLICATED INDIVIDUALS.

Name of the organization

KENDALL WHITTIER, INC.

Employer identification number

73-1016797

OF THESE DUPLICATED INDIVIDUALS, 39% WERE CHILDREN, 17% WERE SENIORS, AND AN ESTIMATED 70% OF THE HOUSEHOLDS INCLUDED AT LEAST ONE DISABLED ADULT.. OUR PANTRY IS CLEAN, ORGANIZED AND EFFICIENT. OUR TEAM WORKS WITH PARTNER ORGANIZATIONS TO MAKE SURE THAT OUR CLIENTS RECEIVE INFORMATION ABOUT OTHER SERVICES IN THE NEIGHBORHOOD THAT CAN HELP THEM AVOID A FUTURE NEED FOR EMERGENCY FOOD.

OUR OBJECTIVES FOR THE EMERGENCY FOOD PANTRY FOR OUR 2021-2022 FISCAL YEAR ARE TO:

*PROVIDE NUTRITIOUS AND CULTURALLY APPROPRIATE EMERGENCY FOOD IN A TIMELY MANNER.

*COMMUNICATE TO RESIDENTS IN OUR COMMUNITY ABOUT THE SERVICES WE PROVIDE.

*INCREASE OUR OUTREACH TO HISPANIC FAMILIES.

*DECREASE REPEAT RECIPIENTS.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY GARDEN PROGRAMS

GROW TEACHING GARDEN (GARDENING TO REACH OUT AND WELCOME)

OUR GROW TEACHING GARDEN IS IN ITS TWELFTH YEAR OF OPERATION AND ITS MAIN USE IS AS AN OUTDOOR CLASSROOM FOR NEIGHBORHOOD CHILDREN AS WELL AS STUDENTS FROM TULSA EDUCARE AND KENDALL WHITTIER ELEMENTARY. WE SERVE AND EDUCATE CHILDREN BY PROVIDING HANDS-ON EXPERIENTIAL LEARNING OPPORTUNITIES TO ENHANCE THE STUDENTS UNDERSTANDING OF THE STEM CONCEPTS THEY ARE STUDYING IN SCHOOL. OUR GARDEN OPERATES THROUGHOUT THE YEAR IN OUR FOUR SEASON CLIMATE WHICH ACCOMMODATES GROWING A WIDE VARIETY OF ORGANIC PRODUCE. FOOD IS HARVESTED AND PREPARED IN A VARIETY OF WAYS TO BEST EXPLORE THE FLAVORS OF OUR CROPS. THE GARDEN PROVIDES INSIGHT TO THE PHYSICAL, ECOLOGICAL, AND CULTURAL WORLD AND HOW HUMANS

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INTERCONNECT. CHILDREN WITNESS THE PROCESS OF THOUGHTFUL COMPOSTING WHICH TURNS WHAT MIGHT BE CONSIDERED TRASH INTO VALUABLE AND HEALTHY SOIL. OUR GROW GARDEN IS WELL-LOVED AND HAS A CREATIVE, DEDICATED GARDEN COORDINATOR. WE HAVE AN ESTABLISHED COLLABORATION WITH THE NEIGHBORHOOD EDUCARE CENTER. OUR GOAL IS TO SERVE EVEN MORE NEIGHBORHOOD RESIDENTS, PRIMARILY CHILDREN. WE SEEK TO INSTILL IN THEM A SENSE OF WELL-BEING AND THE ACCOMPLISHMENT AND PRIDE THAT COMES FROM SEEING A TASK THROUGH FROM BEGINNING TO END. WE ALSO STRIVE TO FIND WAYS FOR ALL KENDALL WHITTIER RESIDENTS TO ENGAGE WITH OUR GARDENS AND FOR GARDENERS TO BUILD A SHARED SENSE OF COMMUNITY.

OUR OBJECTIVES FOR THE GROW TEACHING GARDEN FOR OUR 2021-2022 FISCAL YEAR ARE TO:

*CONTINUE TO SERVE THE CHILDREN WHO COME TO OUR GARDEN, FURTHERING THEIR HANDS-ON EDUCATIONAL EXPERIENCES AND EXPANDING THEIR APPRECIATION OF EATING NUTRITIOUS AND HEALTHFUL FOOD.

*INCREASE THE NUMBER OF CHILDREN AND ADULTS WE SERVE.

*INCREASE OUR OUTREACH TO NEIGHBORS BY WELCOMING THEM INTO THE GARDEN TO ENJOY ITS BEAUTY AND BY PROVIDING THEM WITH VOLUNTEER OPPORTUNITIES.

*PROMOTE THE ENVIRONMENTAL BENEFITS OF GARDENING, ESPECIALLY IN AN URBAN AREA.

TIPTON COMMUNITY GARDEN

OUR TIPTON COMMUNITY GARDEN (TCG), ESTABLISHED IN 2015, IS A TRADITIONAL COMMUNITY GARDEN IN THAT LOCAL RESIDENTS HAVE FORMED A GARDEN COUNCIL AND SELF-MANAGE ITS OPERATIONS. WE HAVE A VOLUNTEER TCG COORDINATOR WHO HELPS OVERSEE THE COMMUNITY GARDEN. THERE ARE APPROXIMATELY 11 ADULTS THAT WORK IN THE GARDEN ON A REGULAR BASIS. COMMUNITY GARDENING HAS BEEN SHOWN TO IMPROVE NEIGHBORHOODS FAR BEYOND THE OBVIOUS BENEFITS OF FOOD PRODUCTION AND NUTRITION BY OFFERING

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EDUCATION, INSPIRATION, INCREASED NEIGHBORHOOD SECURITY AND A MEETING PLACE FOR COMMUNITY MEMBERS.

OUR OBJECTIVES FOR THE TIPTON COMMUNITY GARDEN FOR OUR 2021-2022 FISCAL YEAR ARE TO:

*REORGANIZE THE GARDEN, ENCOURAGING MORE NEIGHBORHOOD RESIDENTS TO ADOPT PLOTS AND SHARE IN THE PRODUCTION OF FOOD.

*WORK TO SEE THAT THE TIPTON COMMUNITY GARDEN IS LARGELY SELF-SUSTAINING

*PROMOTE THE ENVIRONMENTAL AND HEALTH BENEFITS OF GARDENING, ESPECIALLY IN AN URBAN AREA.

SEQUOYAH SCHOOL GARDEN

THE SEQUOYAH SCHOOL GARDEN IS A COLLABORATION WITH, AND ON THE CAMPUS OF SEQUOYAH ELEMENTARY SCHOOL. WE BEGAN THIS PARTNERSHIP IN 2016.

CHILDREN DEVELOP THEIR UNDERSTANDING OF GROWING ORGANIC PRODUCE AND EXPAND THEIR KNOWLEDGE OF THE BENEFITS OF EATING NUTRITIOUS FOOD. THE GARDEN HAS RAISED PLANTING BEDS AND SELECT STUDENTS WORK IN THE GARDEN EACH DAY AFTER SCHOOL. IN ADDITION EVERY STUDENT PARTICIPATES IN THE JUNIOR MASTER GARDEN PROJECTS WITH THEIR CLASSROOM. THERE ARE MANY HANDS-ON OPPORTUNITIES AVAILABLE TO ENHANCE A STUDENT'S UNDERSTANDING OF STEM CONCEPTS.

OUR OBJECTIVES FOR THE SEQUOYAH SCHOOL GARDEN FOR OUR 2021-2022 FISCAL YEAR ARE TO:

*CONTINUE TO SERVE THE CHILDREN, FURTHERING THEIR HANDS-ON EDUCATIONAL EXPERIENCES.

*PROVIDE VOLUNTEER OPPORTUNITIES FOR PEOPLE IN OUR COMMUNITY WHO WISH TO DONATE THEIR TIME AND TALENT TO HELPING OUR GARDEN GROW

*EXPAND THE VARIETY OF "KID FRIENDLY" PRODUCE GROWN AND INCREASE OVERALL YIELD.

Name of the organization KENDALL WHITTIER, INC.	Employer identification number 73-1016797
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*PROMOTE THE ENVIRONMENTAL BENEFITS OF GARDENING, ESPECIALLY IN AN URBAN AREA.

OVERALL, IN OUR FISCAL YEAR ENDING JUNE 30, 2020, OUR COMBINED GARDENS PROGRAMS SERVED 464 UNDUPLICATED CHILDREN AND 154 UNDUPLICATED ADULTS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY DEVELOPMENT AND OUTREACH

OUR COMMUNITY DEVELOPMENT AND OUTREACH EFFORTS AT KENDALL-WHITTIER AND SEQUOYAH ELEMENTARY SCHOOLS INCLUDE PARTICIPATION IN BACK-TO-SCHOOL NIGHT EVENTS AND VOLUNTEER AND FINANCIAL SUPPORT OF THE ANNUAL HOLIDAY GIFT BAG PROGRAM. IN DECEMBER 2020, OUR HOLIDAY GIFT BAGS PROGRAM PROVIDED NUTRITIOUS FOOD ITEMS FOR APPROXIMATELY 1097 STUDENTS. THE GIFT BAGS HELP FAMILIES STRETCH THEIR FOOD DOLLARS DURING WINTER BREAK WHEN CHILDREN AREN'T ABLE TO EAT BREAKFAST AND LUNCH AT SCHOOL.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Oklahoma Return of Organization Exempt from Income Tax

Section 501(c) of the Internal Revenue Code

Form 512E
2020



PART 1	For the year January 1 - December 31, 2020, or other taxable year beginning: JUL 1 , 2020 ending: JUN 30 , 2021	Place an 'X' if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Amended return (See Schedule 512E-X on page 2)
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Name of Organization KENDALL WHITTIER, INC.	Federal Employer Identification Number 73-1016797
Address (number and street) P.O. BOX 4165	Date qualified for tax exempt status
City, State or Province, Country and ZIP or Foreign Postal Code TULSA, OK 74159	OFFICE USE ONLY

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990		
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990		
C Unrelated business taxable income - enter here and on line 1 below		

INCOME SUBJECT TO TAX

1 Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	.00
2 Other net income - enclose schedule	2	.00
3 Oklahoma Capital Gain deduction (provide Form 561-C)	3	.00
4 Oklahoma taxable income (total of lines 1, 2 and 3)	4	.00

TAX COMPUTATION

5 Tax at 6% of line 4. If Trust - See Rate Schedule on page 2 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box	5	.00
6 Less: Other Credits Form (total from Form 511CR)	6	.00
7 Balance of tax due (line 5 minus line 6, but not less than zero)	7	.00
8 2019 Oklahoma estimated tax and extension payments and prior year carryforward	8	.00
9 Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9	.00
10 Amount paid with original return and amount paid after it was filed (amended return only)	10	.00
11 Any refunds or overpayment applied (amended return only)	11	() .00
12 Total of lines 8 through 11	12	.00
13 Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	.00
14 Amount of line 13 to be credited to 2021 estimated tax (original return only)	14	.00

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 3 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

15 Donations from your refund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$	15	.00
16 Add lines 14 and 15 and enter amount	16	.00
17 Amount to be refunded to you (line 13 minus line 16) Refund	17	.00

Direct Deposit Note: All refunds must be by direct deposit. See Direct Deposit Information on page 4 for details.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my: checking account savings account

Routing Number: _____ Account Number: _____

18 Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due	18	.00
19 (a) Donation: Support the Oklahoma General Revenue Fund (For information regarding this fund, see page 3, #3)	19a	.00	
(b) Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #8)	19b	.00	
20 For delinquent payment, add penalty of 5% plus interest at 1.25% per month	20	.00	
21 Underpayment of estimated tax interest Annualized <input type="checkbox"/>	21	.00	
22 Total tax, penalty and interest due - Add lines 18-21; pay in full with return	Balance Due	22	.00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee LORI DECTER WRIGHT	Date	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input checked="" type="checkbox"/>	Signature of Preparer JUSTIN A. MOORE, CPA	Date
Title EXECUTIVE DIRECTOR	Phone Number 918-829-5394		Printed Name of Preparer JUSTIN A. MOORE, CPA	Preparer's PTIN: 918-628-0500

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

07/29/01 10-12-20



Schedule 512E-X: Amended Return Schedule

A Did you file an amended Federal income tax return? Yes No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.

C Explanation or Reason for Amended Return (Provide all necessary schedules):
