Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2018

▶ 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.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01 , 2018, and ending 06-30 , 2019

B Check if applicable:	**C** Name of organization RSVP of Central Oklahoma, Inc.	**D** Employer identification no.
☐ Address change	Doing business as	73-1076184
☐ Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	**E** Telephone number
☐ Initial return	7401 NE 23rd Street		(405) 605-3110
☐ Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		**G** Gross receipts
☐ Amended return	Oklahoma City, OK 73141		$ 393,164
☐ Application pending	**F** Name and address of principal officer:	

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.rsvpokc.org

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1973 **M** State of legal domicile: OK

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To link volunteers aged 55 and over with essential community needs in central Oklahoma.
	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) **3**	9
	4	Number of independent voting members of the governing body (Part VI, line 1b) **4**	9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) **5**	6
	6	Total number of volunteers (estimate if necessary) **6**	853
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . **7a**	0
	b	Net unrelated business taxable income from Form 990-T, line 38 . . . . **7b**	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	440,444	393,086
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75	78
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	440,519	393,164

Expenses	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)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	255,527	264,919
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	140,280	132,850
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	395,807	397,769
	19 Revenue less expenses. Subtract line 18 from line 12	44,712	(4,605)

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	281,345	277,760
	21 Total liabilities (Part X, line 26)	11,844	12,453
	22 Net assets or fund balances. Subtract line 21 from line 20	269,501	265,307

Part II 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.

Sign Here	▶	Elizabeth Patterson		11-12-19
		Signature of officer		Date
	▶	Elizabeth Patterson, Executive Director		
		Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	David W Gandall CFE CPA	David W Gandall CFE CPA			P00086877
	Firm's name ▶ dwg inc			Firm's EIN ▶	
	Firm's address ▶ 1912 N Drexel Blvd			Phone no.	
	Oklahoma City OK 73107				405-949-0189

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

EEA