



May 15, 2024

COMMUNITY HIGHERED INSTITUTE 4242 SOUTH SHERIDAN ROAD TULSA, OK 74145

COMMUNITY HIGHERED INSTITUTE:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 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-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024.

OKLAHOMA FORM 512E RETURN:

The Oklahoma Form 512E should be mailed on or before May 15, 2024 to:

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

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

No payment is required.

OK REGISTRATION STATEMENT:

Enclosed is the organization's Registration Statement of Charitable Organization. The original should be signed on page 4 and mailed by May 15, 2024.

MAIL TO - Oklahoma Secretary of State 421 N.W. 13th, Suite 210 Oklahoma City, OK 73103

Enclose a check for \$65, payable to the Oklahoma Secretary of State.

We sincerely appreciate the opportunity to serve you and are committed to your satisfaction. You may be selected to receive a brief post-engagement survey via email and we would be grateful for your feedback.

Please contact us if you have any questions concerning the returns.

Sincerely,

Justin A Moore, CPA

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $\underline{JUL} \ 1$, 2022, and ending $\underline{JUN} \ 30$, 20 $\underline{23}$

2022

OMB No. 1545-0047

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.

Name of filer		EIN or SSN
COMMUNITY HIGHE		47-2654761
Name and title of officer or person subject to tax		
	CHIEF FINANCIAL OFFICER	
Part I Type of Return and R	eturn Information	
Form 5330 filers may enter dollars and center to the same of the foundation of the f	are using this Form 8879-TE and enter the applicable amount, if an s. For all other forms, enter whole dollars only. If you check the box or the return being filed with this form was blank, then leave line 1-0-). But, if you entered -0- on the return, then enter -0- on the appli	x on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check here X	b Total revenue, if any (Form 990, Part VIII, column (A), line 1	1b1 <u>5,258,213.</u>
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, li	
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Pa ature Authorization of Officer or Person Subject to	
	<u> </u>	
	I am an officer of the above entity or I am a person subject	. ,
of entity)		and that I have examined a copy of the
financial institution to debit the entry to this ater than 2 business days prior to the paym payment of taxes to receive confidential infopersonal identification number (PIN) as my service.	icated in the tax preparation software for payment of the federal ta account. To revoke a payment, I must contact the U.S. Treasury Figent (settlement) date. I also authorize the financial institutions involventation necessary to answer inquiries and resolve issues related to signature for the electronic return and, if applicable, the consent to	rinancial Agent at 1-888-353-4537 no loved in the processing of the electronic to the payment. I have selected a electronic funds withdrawal.
X I authorize CARR, RIGGS		to enter my PIN54761
	ERO firm name	Enter five numbers, but do not enter all zeros
with a state agency(ies) regulating on the return's disclosure consensus As an officer or person subject to return. If I have indicated within the	O22 electronically filed return. If I have indicated within this return to charities as part of the IRS Fed/State program, I also authorize that screen. tax with respect to the entity, I will enter my PIN as my signature on its return that a copy of the return is being filed with a state agency or my PIN on the return's disclosure consent screen.	e aforementioned ERO to enter my PIN on the tax year 2022 electronically filed
Signature of officer or person subject to tax		Date
Part III Certification and Auth	nentication	
ERO's EFIN/PIN. Enter your six-digit electro		
number (EFIN) followed by your five-digit sel	f-selected PIN. 738954363 Do not enter all 3	
	PIN, which is my signature on the 2022 electronically filed return in e requirements of Pub. 4163 , Modernized e-File (MeF) Information	
ERO's signature <u>CARR</u> , RIGGS	& INGRAM, LLC Date	05/15/24
Do Not 9	ERO Must Retain This Form - See Instructions Submit This Form to the IRS Unless Requested To	Do So
LHA For Privacy Act and Paperwork Red		Form 8879-TE (2022)
		131111 (2022)

Return of Organization Exempt From Income Tax

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

Open to Public

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/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Α	For the	2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and en	nding J	UN 30, 2023								
В	Check if applicable	C Name of organization		D Employer identific	cation number							
	Addres	COMMUNITY HIGHERED INSTITUTE										
	Name change	CACE COLLEGE OVIALIONA MEGIL	OMA TECH COLL 47-2654761									
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 4242 SOUTH SHERIDAN ROAD	Room/suite E Telephone number 918-895-7539									
L	—lreturn/ termin- ated			15,265,139.								
	Amend		G Gross receipts \$									
H	return Applica tion			H(a) Is this a group return for subordinates? Yes X No								
	tion pendin	SAME AS C ABOVE										
$\overline{}$	Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions											
	Tax-exempt status: A 501(c)(3)											
		organization: X Corporation Trust Association Other	I Vear o		State of legal domicile: OK							
	art I	Summary	⊑ Todi c	7 101111ation: 2022	Totate of logal dofficine.							
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t ADV}$	VANCE	THE PURPOSE	OF							
e		COMMUNITY CARE COLLEGE, CLARY SAGE COLLEGE										
Governance	2	Check this box if the organization discontinued its operations or disposed										
Ver	3				8							
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			8							
Š	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			198							
/itie	6	Total number of volunteers (estimate if necessary)			8							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.							
O)				Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		80,239.	110,002.							
eun	9	Program service revenue (Part VIII, line 2g)		14,881,790.	15,115,572.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,309.	23,994.							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-19,895.	8,645.							
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,958,443.	15,258,213.							
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,496,428.	6,507,530.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ΩX	b	Total fundraising expenses (Part IX, column (D), line 25) 135, 214		8,449,398.	7,013,852.							
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,945,826.	13,521,382.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,617.	1,736,831.							
	19 a	Revenue less expenses. Subtract line 18 from line 12	Red	ginning of Current Year	End of Year							
Net Assets or	20	Total assets (Part X, line 16)		40,185,536.	40,309,276.							
ASSE	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		33,642,078.	32,028,987.							
let.	22	Net assets or fund balances. Subtract line 21 from line 20		6,543,458.	8,280,289.							
P	art II	Signature Block		0 / 0 10 / 100 /	0,200,200							
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules an	nd statemei	nts, and to the best of my	knowledge and belief, it is							
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which		•	,							
		,										
Sig	n	Signature of officer		Date								
He		PALLAVI AGARWAL, CHIEF FINANCIAL OFFICER										
		Type or print name and title										
		Print/Type preparer's name Preparer's signature		ate Check Check	PTIN							
Pai	d	·	CPA 0	5/15/24 self-employ								
	parer	Firm's name CARR, RIGGS & INGRAM, LLC		Firm's EIN 7	2-1396621							
Use	Only	Firm's address 1350 S. BOULDER AVE. SUITE 800										
		TULSA, OK 74119		Phone no.91	8.628.0500							
Ма	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No							

Check if Schedule O contains a response or note to any line in this Part III Sietly describe the organization siesion: NON-PROFIT - TO ADVANCE THE PURPOSE OF COMUNITY CARE COLLEGE, CLARY SAGE COLLEGE, AND OKLAHOMA TECHNICAL COLLEGE THROUGH ACTIVE ENGAGEMENT, ADVOCACY, FUNDRAISING, AND STEWARDSHIP. Did the organization undertake any significant program services during the year which were not listed on the prior form Spot or SSOE2? If "Yes," describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations can required to report the amount of grants and allocations to others, the total expenses, and reserved, fair, for each program service sported. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reserved, fair, for each program service sported. Community Care College 13 A 14 A is intelligence of a control of grants and allocations to others, the total expenses, and reserved, fair, for each program service sported. Community Care College 15 AN AWARD—WINNING INSERTIONALLY RECORNIZED EDUCATION THIS EXPENSES. COMMUNITY CARE COLLEGE DELIVERS NATIONALLY RECORNIZED EDUCATION THIS COLLEGE. STATE REPORTS THE CARES. COLLEGE IS THE BIRTHPLACE TO THE CARES CULTURE AND TRAINS OKLAHOMA'S WORKPORCE IN THE MEDICAL, LEGAL, FITNESS, VETERINARY, DENTAL, AND ENTERING SARDERS AND THE MEDICAL PROGRAMS ARE STATES. THE TREND—SETTING CAMPUS IS KNOWN FOR ITS CREATIVE, UNIQUE, AND ADAPTALE ACCOUNTIES, ACADEMIC AND INDEXES AND THE MEDICAL PROGRAMING, EXPERIENTIA	Pai	t III Statement of Program Service Accomplishments
Beithy describe the organization's mission: NON-PROFIT - TO ADVANCE THE PURPOSE OF COMMUNITY CARE COLLEGE, CLARY SAGE COLLEGE, AND OKLAHOMA TECHNICAL COLLEGE THROUGH ACTIVE ENGAGEMENT, ADVOCACY, FUNDRAISING, AND STEWARDSHIP. Did the organization undertake any significant program services during the year which were not listed on the		Check if Schedule O contains a response or note to any line in this Part III
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.12		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
16		46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		Х
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
c=	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u>X</u>
30		38	х	
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Х
232004	1 12-13-22	Form	990 ((2022)

Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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COMMUNITY HIGHERED INSTITUTE 47-2654761 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OK

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ${\tt PALLAVI}$ ${\tt AGARWAL}$ - ${\tt 918-610-0027}$

4242 SOUTH SHERIDAN ROAD, TULSA, OK 74145

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week					T	100,	from the	from related organizations	other compensation
	(list any hours for	direct						organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tru		loyee	om oc		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEVIN KIRK	40.00	=	<u> </u>	0	~	Ξ 0	4			
FORMER DIRECTOR OF EDUCATION							Х	221,833.	0.	2.
(2) PALLAVI AGARWAL	40.00									
CHIEF FINANCIAL OFFICER				Х				134,375.	0.	10,459.
(3) BRYAN DAY	40.00									
PRESIDENT				X				116,477.	0.	1,523.
(4) TERESA L. KNOX	1.00	٠,		,,						
SECRETARY (5) BRENT WRIGHT	1.00	Х		Х				0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) SCOTT REEVES	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) DEWEY BARTLETT	1.00	T-								
BOARD CHAIR		Х		х				0.	0.	0.
(8) SAM ALEXANDER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LINDA DEWITT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) RON OWENS	1.00	1						_	_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) JIM STEPHENS	1.00									
BOARD MEMBER		Х	_					0.	0.	0.
		-								
		1								
		-								
		-								
		l	L					l	l	000

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(((D) (E)			(F)		
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable		Estimated	Í		
	hours per	box	, unles	ss per	rson i	s both	an	compensation compen		- 1	amount of	į	
	week (list any		l an	u a u	liecto	i / ti usi	(66)	from	from related	- 1	other		
	hours for	directo				,		the organization	organizations (W-2/1099-MIS		compensation from the	on	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	,	organizatio	n	
	organizations	ıl trust	nal tru		oyee	om pe		1099-NEC)			and related	t	
	below line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organization	าร	
	11110)	Ju	Ë	JJ0	, Ke	Hig	Ъ						
-												—	
												—	
-												—	
1b Subtotal								472,685.		0.	11,98		
c Total from continuation sheets to Part VII								0.		0.		<u>0.</u>	
d Total (add lines 1b and 1c)								472,685.		0.	11,98	<u>4.</u>	
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			2	
compensation from the organization											Yes	<u>ာ</u> No	
3 Did the organization list any former officer,	director trusto	30 k	·0\/ 0	mnl	01/0	o or	hia	host componented ampl	ovoc on	ſ	163	140	
line 1a? If "Yes," complete Schedule J for su	•		•		•	•	•		-		3 X		
4 For any individual listed on line 1a, is the su								ner compensation from the		····	<u> </u>		
and related organizations greater than \$150	•		•						J		4 X		
5 Did any person listed on line 1a receive or a										····			
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch r	oers	on .					5	X	
Section B. Independent Contractors													
1 Complete this table for your five highest cor	•	•							•	ensat	ion from		
the organization. Report compensation for t	he calendar ye	ear e	ndir	ıg w	ith c	r wi	thin		ear.				
(A) Name and business	address							(B) Description of s	envices	C	(C) ompensation		
DECORE CONSTRUCTION	addiess						_	OTC ROOF REM			ompensation	—	
3023 E 151ST ST. S, BIXBY	OK 74	იი	8				- 1	REPLACEMENT,			601,88	1.	
3023 H 13101 D1. D, DIADI	, 010 / 4	00					ď	KEI EACHIENT,	KLHOVA		001,00	<u></u>	
												_	
											<u> </u>		
							ļ						
2 Total number of independent contractors (in	aludia e E - E	A 11:	ni4 -	14-	th -			abaya) wha was the d	are the				

Form **990** (2022)

\$100,000 of compensation from the organization

Form 990 (2022) COMMUNI
Part VIII Statement of Revenue

			Check if Schedule O contains a respon	nse d	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
40.10	_	_	Endowsky discount in the latest terms of the l						300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a						
Sra Iou			Membership dues 1b						
s, (Am			Fundraising events 1c						
a iii		d	Related organizations 1d						
s, (е	Government grants (contributions) 1e						
rsi	1	f	All other contributions, gifts, grants, and						
the state			similar amounts not included above 1f		110,002.				
ΞÓ		g	Noncash contributions included in lines 1a-1f		96,678.				
a So			Total. Add lines 1a-1f			110,002.			
					Business Code				
o o	2	а	TUITION INCOME		900099	13,132,113.	13132113.		
ķ	_		BOOKS, KITS & FEES	_	900099	1,595,648.	1,595,648.		
ser iue			SERVICE INCOME	_	900099	347,326.	347,326.		
M S		d	OTHER INCOME	_	900099	40,485.	40,485.		
gra Re		-		_	300033	10,103.	10,103.		
Program Service Revenue		e	All allege and a second	_					
ш.			All other program service revenue			15 115 550			
		g	Total. Add lines 2a-2f			15,115,572.			
	3		Investment income (including dividends, in	tere	st, and				
			other similar amounts)			23,994.			23,994.
	4		Income from investment of tax-exempt bor	nd p	roceeds				
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
			Gross amount from sales of (i) Securiti	es	(ii) Other				
			assets other than inventory 7a						
		h	Less: cost or other basis						
ø		~	and sales expenses 7b						
nu		_	Gain or (loss) 7c						
eve			. ,						
her Revenue			Net gain or (loss)	······					
	8	а	Gross income from fundraising events (not including \$ of						
Ò			contributions reported on line 1c). See						
			•		15,571.				
			Part IV, line 18	8a	6,926.				
			Less: direct expenses	8b	0,320.	0 645			0 645
			Net income or (loss) from fundraising even	ts_		8,645.			8,645.
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activities	;					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
	-	b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	y					
,					Business Code				
Miscellaneous Revenue	11 :	а		_					
ane Dut	-	b		_					
eke		С		_					
lisc B.		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			15,258,213.	15115572.	0.	32,639.

232009 12-13-22

Form 990 (2022) COMMUNITY HIGHERED INSTITUTE Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	602,502.	602,502.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,882,917.	2,908,166.	1,919,897.	54,854.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	537,295.	343,869.	188,053.	5,373.
10	Payroll taxes	484,816.	310,282.	169,686.	4,848.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	29,774.	14,887.	14,887.	
С	Accounting	89,694.	44,847.	44,847.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	488,437.	329,325.	153,033.	6,079.
12	Advertising and promotion	1,030,471.	659,501.	360,665.	6,079. 10,305.
13	Office expenses	173,354.	110,946.	60,674.	1,734.
14	Information technology				
15	Royalties				
16	Occupancy	371,851.	237,984.	130,148.	3,719.
17	Travel	7,958.	5,093.	2,785.	80.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,348,937.	863,320.	472,128.	13,489.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,264,496.	809,277.	442,574.	12,645.
23	Insurance	186,048.	119,071.	65,117.	1,860.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) REPAIRS & MAINTENANCE	614,572.	393,326.	215,100.	6,146.
a b	BAD DEBTS	578,715.	370,378.	202,550.	5,787.
C	BOOKS, KITS & UNIFORMS	523,369.	334,956.	183,179.	5,234.
d	OTHER EXPENSES	177,534.	113,624.	62,135.	1,775.
	All other expenses	128,642.	82,331.	45,025.	1,286
		13,521,382.	8,653,685.	4,732,483.	135,214.
25	Total functional expenses. Add lines 1 through 24e	13,341,304·	0,033,003.	7,134,403.	100,414.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,400,633.	1	3,935,029.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			601,346.	4	534,542.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			319,971.	8	360,380.
ĕ	9	Prepaid expenses and deferred charges	13,825.	9	13,983.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	40,059,526.			
	b	Less: accumulated depreciation	35,849,761.	10c	35,455,578.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	2 564
	15	Other assets. See Part IV, line 11		0.	15	9,764.	
	16	Total assets. Add lines 1 through 15 (must eq	40,185,536.	16	40,309,276.		
	17	Accounts payable and accrued expenses	1,538,291.	17	394,772.		
	18	Grants payable		18	1 200 201		
	19	Deferred revenue				19	1,388,301.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-				00	3,653,735.
Lia I	00	controlled entity or family member of any of the				22	3,033,733.
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p				24	
	23	parties, and other liabilities not included on line	-				
		of Schedule D	•		32,103,787.	25	26,592,179.
	26	Total liabilities. Add lines 17 through 25			33,642,078.	26	32,028,987.
		Organizations that follow FASB ASC 958, ch			00,011,010		0=70=0700.0
es		and complete lines 27, 28, 32, and 33.					
anc	27	• , , ,			6,543,458.	27	8,280,289.
Bala	28					28	
뒫		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.	ŕ	_			
ō	29	Capital stock or trust principal, or current fund	s			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32				6,543,458.	32	8,280,289.
	33				40,185,536.	33	40,309,276.
					•		Form 990 (2

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	, 25	8,2	<u>13.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,52		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,73	6,8	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,54	3,4	58.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8	,28	0,2	89.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any stans taken to undergo such audits			3h		

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

Name of the organization

COMMUNITY HIGHERED INSTITUTE

Employer identification number

47-2654761 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3 % support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				*	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schodulo 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	slow, please comp	nete Part II.)				
	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
•	grants, contributions, and	(4) 2313	(2) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
-	pership fees received. (Do not						
	de any "unusual grants.")						
	receipts from admissions,						
	nandise sold or services per-						
	d, or facilities furnished in						
,	ctivity that is related to the ization's tax-exempt purpose						
-	receipts from activities that						
	ot an unrelated trade or bus-						
	under section 513						
	evenues levied for the organ-						
	n's benefit and either paid to						
-	pended on its behalf					+	
	alue of services or facilities						
	hed by a governmental unit to						
	rganization without charge						
	Add lines 1 through 5						
	ints included on lines 1, 2, and						
	eived from disqualified persons				-		
	ts included on lines 2 and 3 received ther than disqualified persons that						
exceed	the greater of \$5,000 or 1% of the						
	on line 13 for the year						
	nes 7a and 7b						
8 Publi	c support. (Subtract line 7c from line 6.)						
Section	B. Total Support		1	<u> </u>	_		1
Calendar ye	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ınts from line 6						
	s income from interest,						
	ends, payments received on ities loans, rents, royalties,						
	ncome from similar sources						
b Unrela	ted business taxable income						
(less s	ection 511 taxes) from businesses						
acquir	ed after June 30, 1975						
c Add li	ines 10a and 10b						
	come from unrelated business						
	ties not included on line 10b,						
	ner or not the business is arly carried on						
_	income. Do not include gain						
	s from the sale of capital						
	s (Explain in Part VI.)						
	5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section	501(c)(3) organizatio	
	this box and stop here	J			•	() ()	· —
	C. Computation of Publi						
	support percentage for 2022 (li			column (f))		15	%
	support percentage from 2021					16	<u> </u>
	D. Computation of Inves					1 10 1	
	tment income percentage for 20			ine 13 column (f)		17	%
	tment income percentage from 2					18	%
	3% support tests - 2022. If the						
							, 13 HUL
	than 33 1/3%, check this box an	=	-				L
	3% support tests - 2021. If the						
	8 is not more than 33 1/3%, che						
∠u Priva	te foundation. If the organizatio	n did not check a	DOX OR LINE 14, 19	a. or 190. check th	iis dox and see in:	SITUCTIONS	1 1

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion 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 of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	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 supporte	d		
	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		
	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,			
01	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	non D. All Type III Supporting Organizations			
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	By reason of the relationship described on 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	2		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ione)		
a	The organization satisfied the Activities Test. Complete line 2 below.	10110).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	16)	
2	Activities Test. Answer lines 2a and 2b below.	ce manachem	Yes	No
	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.	2a		
b	Did the activities described on 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.			
а	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.

Schedule	A (For	m 990)	2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	i	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

COMMUNITY HIGHERED INSTITUTE

OMB No. 1545-0047

Name of the organization

Employer identification number

47-2654761

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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), 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), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

COMMUNITY HIGHERED INSTITUTE

47-2654761

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	BRETT SMITH 15133 LAKE ROAD SKIATOOK, OK 74070	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RIVERSIDE FORD OF TULSA 745 W 51ST ST TULSA, OK 74107	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

COMMUNITY HIGHERED INSTITUTE

47-2654761

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HVAC UNITS		
		\$50,000.	12/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	CAR PARTS		
		\$\$	04/18/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schoolide D (Farmi 2001/2000)

Name of organization **Employer identification number** COMMUNITY HIGHERED INSTITUTE 47-2654761 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

COMMUNITY HIGHERED INSTITUTE

Employer identification number 47-2654761

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•	-			ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	t make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hi	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered '	"Yes" on	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other ass	sets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe						ty?	L	Yes	Ļ	_ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								(-) Faun		la a al c
		(a) Current year	(b) H	Prior year	(c) Two yea	rs dack	(d) Three y	ears back	(e) Four	years	раск
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<i>"</i>		<u> </u>						
2	Provide the estimated percentage of the curr			g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
р	Permanent endowment	%									
С		.%									
0-	The percentages on lines 2a, 2b, and 2c sho	•	41 41	A and balaban	and and a death of a base		_				
Зa	Are there endowment funds not in the posse	ssion of the organiza	ttion tha	it are neid ar	na aaminister	rea for the	е		Г	Yes	No
	organization by:								20(1)	103	110
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations	ations listed as requir	od on S	chodulo P2					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the								Sb		
	t VI Land, Buildings, and Equipm		WITIETIL	urius.							
	Complete if the organization answere). Part I\	/. line 11a. S	See Form 990). Part X. I	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book	cvalu	
	bescription of property	basis (investr		. ,	(other)	ı , ,	preciation	٠	(a) B 001	· vaiu	C
1a	Land	,	,		. ,						
	Buildings										
	Leasehold improvements			38,65	5,918.	3.2	295,12	23. 3	5,360	7, (95.
	Equipment				3,608.		308,82				83.
	Other					,				•	
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	0c.)			3	5,455	5,5	78.
		222, . W.L.		, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

Schedule D (Form 990) 2022

(a) Description (1) Financial (2) Closely ho (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	Investments - Other Securities. Complete if the organization answered "Yes" ion of security or category (including name of security) derivatives meld equity interests must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	
(a) Description (1) Financial (2) Closely ho (3) Other	ion of security or category (including name of security) I derivatives meld equity interests) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of the cost	
(1) Financial (2) Closely he (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (Total. (Col. (b) Part VIII) (2) (3) (4) (5) (6) (7) (8) (9) (Total. (Col. (b) Part IX) (1) (2) (3)) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(2) Closely he (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (Total. (Col. (b) Part VIII) (2) (3) (4) (5) (6) (7) (8) (9) (Total. (Col. (b) Part IX) (1) (2) (1) (2) (3)) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(A) (B) (C) (D) (E) (F) (G) (H) Fotal. (Col. (b) Part VIII (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. (b) Part IX	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(C) (D) (E) (F) (G) (H) Total. (Col. (b) Part VIII (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX (1) (2)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(D) (E) (F) (G) (H) Total. (Col. (b) Part VIII) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(E) (F) (G) (H) Total. (Col. (b) Part VIII) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(F) (G) (H) Fotal. (Col. (b) Part VIII (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. (b) Part IX	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(G) (H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(H) Total. (Col. (b) Part VIII (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) (Dart IX) (1) (2)	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	Investments - Program Related. Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	Complete if the organization answered "Yes" (a) Description of investment			or end-of-year market value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX	(a) Description of investment			or end-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. (b) Part IX		(b) Book value	(c) motivos or raidation. Good of	, ond or your market value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. (b) Part IX				
(3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) Part IX				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) Part IX				
(5) (6) (7) (8) (9) Total. (Col. (b) Part IX				
(6) (7) (8) (9) Fotal. (Col. (b) Part IX				
(7) (8) (9) Fotal. (Col. (b) Part IX				
(8) (9) Total. (Col. (b) Part IX				
(9) Total. (Col. (b) Part IX (1) (2)				
(1) (2)				
(1) (2)) must equal Form 990, Part X, col. (B) line 13.)			
(1) (2)	Other Assets.			
(2)	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(2)	(a)	Description		(b) Book value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>e 15.) </u>		
	Complete if the organization answered "Yes"	on Form 000 Dort IV line 1	110 or 11f Coo Form 000 Port V lin	25
_	(a) Description of liability	on Form 990, Fart IV, line	The or Th. See Form 990, Fart A, IIII	(b) Book value
(4) Fada	., . ,			(b) Book value
	eral income taxes PES PAYABLE			26,592,179.
	IND ININDEE			40,334,113
(3)				
(4) (5)				
(6)				
(0)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

26,592,179.

(9)

Pai	TXI Reconciliation of Revenue per Audited Financial	Statements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,163,430.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	15,163,430.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	94,783.		
С	Add lines 4a and 4b			4c	94,783. 15,258,213.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)		5	15,258,213.
Pa	rt XII Reconciliation of Expenses per Audited Financial		Expenses per H	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part I			1	
1	Total expenses and losses per audited financial statements			1	13,521,382.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
С	Other losses			-	
d	Other (Describe in Part XIII.)	2d			•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	13,521,382.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)			1	0
c	Add lines 4a and 4b			4c	13,521,382.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information.	<u>ne 18.) </u>		5	13,321,302.
		and 4. Dort IV lines 1b or	ad Ob: Dort V. line 1	L Dort	V line 0: Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	· · · · · ·	*	, Part	A, IIIIe 2, Part AI,
111163	20 and 4b, and Part An, lines 20 and 4b. Also complete this part to provid	de arry additional informa	ation.		
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	,				
IN	KIND CONTRIBUTIONS OF EQUIPMENT				94,783.
					-

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

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

COMMUNITY HIGHERED INSTITUTE

 $Employer\ identification\ number \\ 47-2654761$

		-2054	/ O T	
Pa	rt I		VEO	
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		v	
	bylaws, other governing instrument, or in a resolution of its governing body?	. 1	X	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		37	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general		37	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	<u>3</u> -	X	
		-		
ŀ	Does the organization maintain the following?	-		
	Records indicating the racial composition of the student body, faculty, and administrative staff?		X	\vdash
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4b	Х	
	with student admissions, programs, and scholarships?	. 4c	X	L
d	Copies of all material used by the organization or on its behalf to solicit contributions?	. 4d	X	
		_		
5	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	5a		2
	Admissions policies?			
	Employment of faculty or administrative staff?			:
	Scholarships or other financial assistance?			_ :
	Educational policies?			_ :
	Use of facilities?			L
g	Athletic programs?	5g		<u> </u>
	Other extracurricular activities?			Ŀ
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
		-		
	Does the organization receive any financial aid or assistance from a governmental agency?		Х	
b	Has the organization's right to such aid ever been revoked or suspended?	. 6b		
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
•	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No," explain on Part II	7	Х	П

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

Schedule E (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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 COMMUNITY HIGHERED INSTITUTE					Employer identification number 47-2654761		
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" or	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual of art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-ga governising a ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
- Total							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from reg	gistration

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			SWINGS FOR		NONE	(add col. (a) through	
			SCHOLARSHIPSRUNWAY			col. (c))	
			(event type)	(event type)	(total number)	COI. (C))	
Revenue							
eve	1	Gross receipts	15,571.			15,571.	
æ			•				
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	15,571.			15,571.	
		, , , , , , , , , , , , , , , , , , , ,	,			,	
	4	Cash prizes					
	5	Noncash prizes					
S							
use	6	Rent/facility costs					
Direct Expenses	٥	Tient talinty cools					
Ή Ή	7	Food and beverages					
<u>.e</u>	′	rood and beverages					
	_	Catalitainmant					
	8	Entertainment	4,501.	2,425.		6,926.	
	9	Other direct expenses				6,926.	
	10		()			8,645.	
Ds	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Dort IV line 10 or r		0,045.	
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, or r	eported more than		
		\$15,000 OH FOHH 990-EZ, lifte 6a.		(In) Dull tobe/instant		(d) Total caming (add	
ě			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue				billigo/progressive billigo		doi: (a) throught doi: (c))	
Вè	_						
	1	Gross revenue					
		Ocale aviena					
es	2	Cash prizes					
Direct Expenses	_						
X	3	Noncash prizes					
Ċ.	_	D 1/6 1111					
<u>ir</u> e	4	Rent/facility costs					
_							
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	L No	L No	No		
	7	Direct expense summary. Add lines 2 through	5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
		ter the state(s) in which the organization condu					
		the organization licensed to conduct gaming ac				Yes No	
b	If "	No," explain:					
		ere any of the organization's gaming licenses re			ear?	Yes No	
b If "Yes," explain:							

Sch	ledule G (Form 990) 2022 COMMUNITY HIGHERED INSTITUTE 47-	2654761	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		10-	0/
	The organization's facility	1 1	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	Figure 1 is a second se		
	7 1 100, Office flatte did dedices of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
Da) t III 13 0	01- 40I-
ıa	••• •••	art III, lines 9, 8	ob, TUB,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	COMMUNITY	HIGHERED	INSTITUTE	47-2654761	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continued)				
		(continued)	'			
-						
-						

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

COMMUNITY HIGHERED INSTITUTE Part I Questions Regarding Compensation

 $Employer\ identification\ number \\ 47-2654761$

	att Quoduono negaramig compensation			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel		Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KEVIN KIRK	(i)	221,833.	0.	0.	0.	2.	221,835.	0.
FORMER DIRECTOR OF EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)						l	1

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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 o	· ·	OMMUN	ITY	HI	GHERE	D I	NST	ITU	TE					-	ident 547		on nu	mber
Part I	Excess Bene	fit Trans	acti	ons	(section 50)1(c)(3), sect	ion 50	01(c)(4), and	sec	ction 501(c)	(29) orga	nizatio	ns on	ly).			
	Complete if the o	rganizatior							line 25a or	25b	, or Form 9	90-EZ, Pa	art V, I	ne 40	b.			
1 (a) Name	of disqualified p	erson	(b) F		onship betv son and or			lified		(0	c) Description	on of tran	sactio	n			-	ected?
	•			Pei	3011 &110 01	gariiza	2011				•					Y	es	No
																	_	
	amount of tax in	-		-		-		-	=									
section 4																		
3 Enter the	amount of tax, i	ir any, on ii	ne 2,	above	e, reimburs	ed by	tne or	ganız	ation					Ф				
Part II	Loans to and	or Fron	n Int	eres	ted Pers	ons.												
	Complete if the o	rganizatior	n ansv	wered	"Yes" on F	orm 9	90-EZ	, Part	: V, line 38a	or F	orm 990, F	art IV, lin	e 26; d	or if th	e orga	nizatio	n	
	eported an amou	_				, or 22	2.											
	lame of	(b) Relatio			Purpose		an to or	1 '	(e) Original		(f) Balan	ce due		ln 		proved ard or		Vritten
interest	ed person	with organi	zation	'	of loan		zation?	-l'	ncipal amoui	nτ					<u> </u>	nittee?	Ť	ement?
HICKODA	HOUSE P	OMNED	DV	шО	DIIDCH	To X	From		000,000	_	2 652	725	Yes	No X	Yes	No X	Yes	No X
птскокт	HOUSE P	OMMED	ьі	10	PURCH			٦, ر	, , , , , , ,	•	5,055,	133.		Λ				1^
								-					_		-			-
													-					
Total				<u> </u>			<u>I</u>			\$	3,653,	735.						
	Grants or As	sistance	Ber	nefiti	ng Inter	este	d Per	son	s.	Ψ								
	Complete if the o	rganizatior	n ansv	wered	"Yes" on F	orm 9	90, Pa	art IV,	line 27.									
(a) Nam	ne of interested p	erson			elationship				(c) Amount			(d) Type			•) Purp		f
					rested pers ne organiza		d		assistance)		assistan	ce			assista	ance	
			-	u	organiza	aciol I								_				
			+											-+				
			-															
														$\neg \dagger$				
			1															

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?		
				Yes	No	
BRENDA KNOX	SISTER & FORMER OFF	89,086.	WAGES - EMP		Х	
Part V Supplemental Information.	ranna ta susatiana an Cabadula I (aas i	: !				
Provide additional information for res	ponses to questions on Schedule L (see i	nstructions).				
SCHEDULE L, PART II, LOAN	S TO AND FROM INTERES	TED PERSONS	S:			
/- \						
(A) NAME OF PERSON: HICKO	RY HOUSE PROPERTIES,	LLC				
(B) RELATIONSHIP WITH ORG.	ANIZATION: OWNED BY B	OARD MEMBEI	₹			
. ,						
(C) PURPOSE OF LOAN: TO P	URCHASE PREVIOUSLY LE	ASED BUILD	INGS FROM HI	CKOR	<u>Y</u>	
HOUSE PROPERTIES, LLC						
HOUSE PROPERTIES, LIC						
COULT DADE THE DUCTNESS		C TNMEDECHI	DEDGONG.			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTI	ED PERSONS:			
(A) NAME OF PERSON: BREND	A KNOX					
<u></u>						
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ION:			
SISTER & FORMER OFFICER						
(D) DESCRIPTION OF TRANSA	CTION: WAGES - EMPLOY	EE COMPENSA	ATION			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

Part Types of Property		COMMUNITY HIC	GHERED	INSTITUTE	⊆	47-2654	1761	
Art - Works of art Art - Works of art Art - Historical treasures Art - Historical interests Books and publications Cars and other vehicles Books and planes Intellectual property Securities - Publicity traded Securities - Publicity traded Securities - Publicity traded Securities - Publicity traded Cars and conservation contribution Historic structures Auditified conservation contribution Historic structures Art - Residential Real estate - Comercial Real estate - Comercial Propuls and medical supplies Archeological artifacts Coffee (AR PARTS) Number of Forms 8283 received by the organization neceive by contribution any orpoperty for which column (a) is checked, If "Yes," describe in Part II. If "Yes," d	Par	t I Types of Property						
2 At - Historical treasurse 3 Art - Fractional interests			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determi	_	s
2 At - Historical treasurse 3 Art - Fractional interests	1	Art - Works of art						
3 At Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Securities - Securities - Publicly traded 13 Qualified conservation contribution 14 Qualified conservation contribution 15 Real estate - Reacidential 16 Real estate - Commercial 17 Real estate - Commercial 18 Real estate - Other 19 Drugs and medical supplies 11 Taxidermy 12 Interior and medical supplies 11 Taxidermy 12 Publicly traded 13 Qualified conservation contribution 14 Qualified conservation contribution 15 Real estate - Reacidential 16 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Scientifies - Securities - Value - Va	2							
A Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Partnership, LLC, or 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Conservation contribution - Historic structures 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Scientific specimens 26 Other (CAR PARTS) X 1 50,000. 26 Other (CAR PARTS) X 1 44,783. 27 Other (CAR PARTS) X 1 44,783. 28 Other (DARTH SARTS) X 1 44,783. 30 Uning the year, did the organization completed Form 8283, Part V, Donee Acknowledgement 29 30 During the year, did the organization completed Form 8283, Part V, Donee Acknowledgement 29 31 If Yes, 'describe in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32b If Yes, 'describe in Part II. 31 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a X 33b If Yes, 'describe in Part II. 31 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32c A K 33c If Yes, 'describe in Part II. 31 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a X 32b If Yes, 'describe in Part II. 31 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32c If Yes, 'describe in Part II. 31 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	3							
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		describe in Part II.						

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

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

COMMUNITY HIGHERED INSTITUTE	47-2654761
FORM 990, ITEM C, DOING BUSINESS AS:	
SAGE COLLEGE, OKLAHOMA TECH COLLEGE	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSI	ON:
COLLEGE THROUGH ACTIVE ENGAGEMENT, ADVOCACY, FUNDRAISING, A	ND
STEWARDSHIP.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
COLLEGE - AS A PRIVATE, NONPROFIT COLLEGE, THE MISSION OF T	не
INSTITUTION IS TO TRANSFORM LIVES AND CONTRIBUTE TO SOCIETY	ВУ
PROVIDING CAREER-FOCUSED HIGHER EDUCATION OPPORTUNITIES THA	T EMPOWER
STUDENTS TO OBTAIN SUCCESSFUL EMPLOYMENT, DEVELOP LEADERSHI	P SKILLS,
AND SERVE THEIR COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE RETURN WAS PREPARED BY CARR, RIGGS & INGRAM, A PUBLIC A	CCOUNTING FIRM
IN TULSA, OK. THE RETURN WAS PROVIDED TO THE BOARD OF DIRECT	TOR FOR REVIEW
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED	ANNUALLY AND
ADDRESSED ON A CASE BY CASE BASIS AT BOARD MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 15:	
CHIEF EXECUTIVE OFFICER, EXECUTIVE DIRECTOR, CHIEF FINANCIA	L OFFICER, AND
OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION PACKAGES ARE	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization COMMUNITY HIGHERED INSTITUTE	Employer identification number 47-2654761
APPROVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST	

Form 512-E 2022

Oklahoma Return of Organization Exempt from Income Tax Section 501(c) of the Internal Revenue Code



PART 1 For the year January 1 - December 31, 2022, or other taxable year beginning: JUL 1 2022 ending:	JU	N 30	2023					
Name of Organization Federal Employer Identification Number Date Qualified for Tax Exempt Status								
COMMUNITY HIGHERED INSTITUTE 47-2654761								
Address (Number and Street)			-					
4242 SOUTH SHERIDAN ROAD								
City State or Province Country		ZIP or Foreign Pos	tal Code					
TULSA OKLAHOMA		74145						
Place an 'X' if: (1) Initial Return (2) Final Return (3) Amended return (See Schedul	e 512E	-X on page 2)						
PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 3-4) Total Federal		Allocable (Oklahoma					
A Total unrelated trade or business income - applicable Federal Form(s) 990	<u> </u>							
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	L							
C Unrelated business taxable income - enter here and on line 1 below								
INCOME SUBJECT TO TAX								
	Г							
Unrelated business taxable income - from statement above (allocable to Oklahoma)	1 [00					
2 Other net income - provide 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								
Tax at 4% of line 4. If trust - see rate schedule on page 3 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 OS 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 2022 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					
	Ī							
Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13 L		00					
14 Amount of line 13 to be credited to 2023 estimated toy (original return only)	44		loo					

2022 Form 512-E - Page 2 Oklahoma Return of Organization Exempt from Income Tax



Name of Organization: COMMUNITY HIGHERED			Federal Emplo	oyer Identification Number: 54761	
			Amount from line 14	on page 1	00
Line 15 provides you the opportunity organizations. Place the line number the amount you are donating. If givin schedule showing how you would lik	of the organization from g to more than one orga	n page 4 of this	s form in the box below	w and enter	
Donations from your refund	\$2	\$5	\$	1	5 00
16 Add lines 14 and 15 and enter am	ount			10	6 00
Amount to be refunded to you (line	e 13 minus line 16)			Refund 1	7 00
Direct Deposit Note:	Is this refund going to or	through an acco	unt that is located outside	e of the United St	tates? Yes No
All refunds must be by direct deposit. See Direct Deposit	Deposit my refund in	my: Cł	necking Account	Savings	Account
Information on page 5 for details.	Routing Number:				
	Account Number:				
Tax Due (if line 7 is larger than line	e 12 enter tax due)			Tax Due 18	8 00
19 Donation: Public School Classroom	m Support Fund (For info	rmation regardi	ng this fund, see page	4, #5) 19	9 00
20 For delinquent payment, add pena	alty of 5% plus interest at	1.25% per mon	th	20	00
21 Underpayment of estimated tax in	terest		Annual	ized 2	1 00
22 Total tax, penalty and interest due	e - Add lines 18-21; pay in	full with return	В	alance Due 22	2 00
Under penalty of perjury, I declare the information conf	tained in this document, attachme	nts and schedules are	e true and correct to the best of	my knowledge and	belief.
Signature of Officer or Trustee Printed Name	Date	Check this box if the Oklahoma Tax Commission may discuss this return with your	Signature of Preparer JUSTIN A MO Printed Name of Preparer	ORE, CPA	Date
PALLAVI AGARWAL		tax preparer.	JUSTIN A MO	ORE, CP	7
	Number . 8 – 6 1 0 – 0 0 2 7	X	Phone Number: 918.628.050	0	Preparer's PTIN: P00420306
CHIEF FINANCIAL OF 91	.0-010-0027	l	910.020.030	0 1	F00420300
SCHEDULE 512-E-X: AMENDED RET	TURN SCHEDULE (See	instructions on	page 3)		
A Did you file an amended Federal inc	come tax return?	Y	es X No		
Provide a copy of the amended Fe	ederal return and a copy of	of "Statement of	Adjustment", IRS refur	nd check or de	oosit slip.
B If this return is being filed due to a	Federal audit, provide a	complete copy	of the RAR.		
C Explanation or reason for amended	l return (Provide all nece	ssary schedules	s):		

FILIN	FILING FEE:							
INITI	INITIAL/RENEWAL - \$65.00 for contributions exceeding \$10,000.00 \$15.00 for contributions that do not exceed \$10,000.00							
UPDA	TE/AMENDED - \$25.00							
PRIN	T CLEARLY							
Reg	gistration Stateme ☐Initial Registration	nt of Charitab ⊠Renewal	le Organization Update					
	homa Secretary of State, 421 bhone: (405)-522-2520	N.W. 13th, Suite 210, 0	Oklahoma City, OK 73103					
1.	The legal name of the cha	ritable organization:						
Cor	nmunity HigherEd Ins	stitute						
2.	• • • • • • • • • • • • • • • • • • • •	<u> </u>		anization may be identified or of solicitation of contributions:				
Cla	ry Sage College, Okla	ahoma Technical	College, Communit	y Care College				
3.	The mailing address of the	e charitable organizatio	n:					
424	2 South Sheridan Ro	ad Tuls	a OK	74145-1119				
	Street	City	State	Zip Code				
4.	The period(s) of time duri	ng which such solicitat	ion is to be conducted:					
Thr	oughout the year							
5. and it	5. An identification of the <u>specific</u> method or methods of solicitation utilized by the charitable organization and its agents:							
	personal contact							
	☐ television	□radio	other Emails					
6.	Solicitation will be conducted	eted by the following for	or or on behalf of the chari	table organization:				
	☐ Professional Fundraises ☐ Employees or voluntees ☐ and/or Others		anization					

7. The purp	oses for which the contributions solicited	d or accepted are to	be used:	
	e purpose of Community Care Colle gh active engagement, advocacy, fur		•	homa Technical
8. The recustody of the co	name and mailing address of each profes		-	itor that will have
None Name	Address	City	State	Zip Code
	person associated with a professional funesponsible for the payment and distribution			ritable organizatior
Pallavi Agarwa	4242 South Sheridan Road	Tulsa	OK	74145-1119
Name	Address	City	State	Zip Code
None		C:4	Charles	Tio Co. 1
Name	Address	City	State	Zip Code
	naritable organizations that register for the lieved contributions for the first year			
]Yes			
	REQUIRED FINANCE	IAL INFORMAT	ION	
12. The gross organization: \$110,002	s amount of the contributions, gifts, gran	nts and other simila	ar amounts received	l by the charitable
13. The total \$8,653,685	Program Service Expenses of the charita	able organization:		
14. The total \$4,732,483	Management and General Expenses of t	he charitable orgaiz	zation:	

15. The total Fundraising Expenses of the charitable organization:

\$135,214

16. The aggregate amount paid, or payable, to professional fundraisers and professional fundraising counsel:

\$0

REQUIRED ATTACHMENTS

- 17. If the solicitation is to be conducted in whole or in part by professional fundraisers, you <u>must</u> complete and attach Form 101A, the Professional Fundraiser information page, to the Registration Statement.
- 18. For the initial registration of a newly formed charitable organization, a copy of a letter from the Internal Revenue Service, or other evidence, showing the that such organization is exempt from federal income taxation; or, for a charitable organization that has not applied for federal income tax exemption with the Internal Revenue Service or is not required to apply for federal income tax exemption, evidence showing that said charitable organization is organized in any state or jurisdiction as a not-for-profit entity.
- 19. The name and mailing address of each officer, director, trustee, and/or equivalent, and each salaried executive employee of the charitable organization.

EXECUTION AND ACKNOWLEDGMENT

Any registratio person or persons signi	on form required to be filed under this section shall be executed by signature, without moring the form.	e, of the
I, the u	andersigned, under penalty of perjury, have caused this registration to be executed this; and that the contents of the application are true and complete.	day of
_	Signature	
	Pallavi Agarwal	
	Type or Print Name Chief Financial Officer	
	Title	

22X:CHE0700:V1 Form 990 - List of Officers, etc

List of Officers, Directors, Trustees, Key Employees, Etc.

Officer Number	Name	Title	Street	City	State	Zip Code
1	BRYAN DAY	PRESIDENT	4242 South Sheridan Road	Tulsa	OK	74145-1119
2	PALLAVI AGARWAL	CHIEF FINANCIAL OFFICER	4242 South Sheridan Road	Tulsa	OK	74145-1119
3	TERESA L. KNOX	SECRETARY	4242 South Sheridan Road	Tulsa	OK	74145-1119
4	DEWEY BARTLETT	CHAIRMAN	4242 South Sheridan Road	Tulsa	OK	74145-1119
5	SCOTT REEVES	BOARD MEMBER	4242 South Sheridan Road	Tulsa	OK	74145-1119
6	BRENT WRIGHT	BOARD MEMBER	4242 South Sheridan Road	Tulsa	OK	74145-1119
7	SAM ALEXANDER	BOARD MEMBER	4242 South Sheridan Road	Tulsa	OK	74145-1119
8	LINDA DEWITT	BOARD MEMBER	4242 South Sheridan Road	Tulsa	OK	74145-1119
9	RON OWENS	BOARD MEMBER	4242 South Sheridan Road	Tulsa	OK	74145-1119
10	JIM STEPHENS	BOARD MEMBER	4242 South Sheridan Road	Tulsa	OK	74145-1119