#### EXTENDED TO MAY 15, 2020

Form **990** 

**Return of Organization Exempt From Income Tax** 

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

OM8 No. 1545-0047 **2018** 

Open to Public Inspection

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.

A For the 2018 calendar year, or tax year beginning JUL 1 2018 and ending JUN 30, 2019 Check if applicable: C Name of organization D Employer identification number DALE ROGERS TRAINING CENTER, INC. Name change Doing business as 73-0665454 |initial |return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 2501 N. UTAH 405-946-4489 termin-ated 19,442,393. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return OKLAHOMA CITY, OK 73107 H(a) Is this a group return Applica-F Name and address of principal officer: CONNIE THRASH MCGOODWIN for subordinates? Yes X No pending 2501 N. UTAH, OKLAHOMA CITY, OK 73107 H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) \_\_\_ 501(c) ( If "No," attach a list. (see instructions) ) (insert no.) 4947(a)(1) or 527 J Website: WWW.DRTC.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2004 M State of legal domicile; OK Part I Summary Briefly describe the organization's mission or most significant activities; DALE ROGERS TRAINING CENTER Governance SUPPORT PEOPLE WITH DISABILITIES THROUGH PAID VOCATIONAL TRAINING 2  $oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}}}$ Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) 593 5 Total number of volunteers (estimate if necessary) 6 125 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 38 ...... 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,052,982 2,196,976. Program service revenue (Part VIII, line 2g) 16,581,181 17,018,326, 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 138,259 227 091. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12) 18,772,422. 19,442,393. Grants and similar amounts paid (Part IX, column (A), lines 1-3) ٥. Benefits paid to or for members (Part IX, column (A), line 4) 14 Û, 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,260,722 12,307,825. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,328,717, 5,594,354, Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,589,439 17,902,179. Revenue less expenses. Subtract line 18 from line 12 1,182,983, 1 540 214. 능 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 16,114,774. 17,932,642. 21 Total liabilities (Part X, line 26) 1,283,212, 1,434,939. Net assets or fund balances. Subtract line 21 from line 20 14.831.562. 16,497,703. Part II | Signature Block Under penalties of perjury, I declare that I have examined this feturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CONNIE THRASH MCGOODWIN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 12.30.19 Paid MIKE PLACE P00357051 RSM US LLP Preparer Firm's name 42-0714325 Firm's EIN Use Only Firm's address 210 PARK AVE, SUITE 1725 OKLAHOMA CITY, OK 73102 Phone no. 405-239-7961

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

Yes

	n 990 (2018) DALE ROGERS TRAINING CENTER, INC.	73-0665454	Page 2
Pa	rt III Statement of Program Service Accomplishments	TWO-MERICAN ALLO	
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	DALE ROGERS TRAINING CENTER SUPPORTS PEOPLE WITH DISABILITIES THROUGH		
	PAID VOCATIONAL TRAINING, IN-HOUSE PROGRAMS AND WORK OPPORTUNITIES AS		
	WELL AS COMPETITIVE COMMUNITY EMPLOYMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		/es X No
	If "Yes," describe these new services on Schedule O.		162 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		/es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as more	easured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		,
4a	(Code: ) (Expenses \$ 3,173,037. including grants of \$ ) (Revenue	\$ 1,	145,313.)
	VOCATIONAL TRAINING AND COMMUNITY EMPLOYMENT PLACEMENT SERVICES FOR		
	INDIVIDUALS WITH DISABILITIES. ADDITIONAL SERVICES OF: LIFE SKILLS		
	CLASSES; AUXILLARY AM/PM CARE AND BUS SERVICES, SPEECH THERAPY.		
	*** **********************************		
	4 510 004		
<b>i</b> b		\$1,	949,483.
	ABILITYONE CONTRACTS - PROGRAM CONTRACTS WITH U.S. AIR FORCE TO PROVIDE FULL FOOD SERVICE FOR MILITARY DINING FACILITIES EMPLOYING ADULTS WITH		
	DISABILITIES.		
	DISSBIRITIES,	<del></del>	-Titulati
	Miles and the second		
			···
	Prince of the second of the se		
	**************************************	***************************************	
lc	(Code:) (Expenses \$11,903,136. including grants of \$) (Revenue \$	13,	924,860. )
	ABILITYONE CONTRACTS - PROGRAM CONTRACTS WITH U.S. AIR FORCE AND	·	/
	GOVERNMENT TO PROVIDE CUSTODIAL SERVICES EMPLOYING ADULTS WITH		
	DISABILITIES.		
d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
e	Total program service expenses ► 16,626,144.		

# Form 990 (2018) DALE ROGERS TRAIN 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	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
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	ļ	X
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 Revenue Procedure 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			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			١
_	Schedule D, Part III	8	ļ	Х
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?			l
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	]		
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	Turymus,
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.	187,333	alkar	250505
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	Х	
a	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
U	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١., ١		v
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	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	ا ا		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	·		х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
IJ	·	401-		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ls the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u>x</u>
		13		<u>x</u>
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del></del>
	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	170		~~~~
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes."			
	complete Schedule G, Part III	19	-	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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	1	х

Page 4 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 Х 22 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 х Schedule J 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 Schedule K. If "No," go to line 25a ..... 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Nο Yes 1a Enter the number reported in Box 3 of Form 1096. Enter ·0- if not applicable 18 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

excess parachute payment(s) during the year?	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Yes	No
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fine (see instructions)  30 bill the organization have intended business greas honor of \$1,000 or more during the year?  31 bill the veginization for the sum of the year? If "No" to fine 3b, provide an explanation in Schedule O  32 at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, accumiles account, or other financial account)?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; by the see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  5b West the organization a party to a prohibited tax sholter transaction at any time during the tax year?  5c West to fine 5a or Sb, did the organization file Form 8886-17?  5d Does the organization and provide that 2 are normally greater than \$100,000, and did the organization solid:  any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with wavey acclotation an express statement that such contributions or gifts were not lax deductible?  5c If "Yes," did the organization include with wavey acclotation an express statement that such contributions or gifts were not lax deductible?  5d If "Yes," fine the organization receive a payment in excess of \$5 made party sa contribution and party for goods and services provided of the payor?  5d If "Yes," fine the organization receive any funds, directly or indirectly, to pay premiums on a possonal benefit contract?  7e If If the organization receive any funds, directly or indirectly, to pay premiums on a possonal benefit contract?  7e If If If the organization received a contribution of curs, boats, arithment, or a possonal benefit contract?  7f If If If the organization received any p		filed for the calendar year ending with or within the year covered by this return	2a	593			
3a Dit the organization have unrolated business gross incurred of \$1,000 or more during the year?  3b If "Yea," has It filled a prime good for firth leyer? "No' to line 3b, provides an exploration in Schedule O  4a Al any time during the celeridar year, did the organization have an interest in, or a dignature or other authority over, a financial account in a foreign country; "No' to line 3b, provides an exploration or other financial account) or other financial accounts in a foreign country; "No' to get instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5a Was the organization approx to a prohibited tax shaller transaction at early time during the tax year?  5a Did any tixable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5b L "Year's time for so this, did the organization from BRSE-17.  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 deductable as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  7c Organizations that may receive deductable contributions under section 170(c).  8d bit the organization receive a payment in excess of 375 made partly sa's acminishring and party for goods and services provided to the payor?  7a L Yes, "dictate the number of Forms RESE2 filed during the year  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  7b Life the organization organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  8 Did the organization organization sell, exchange, or otherwise decoded or services provided?  9 Did the organization organization sell, exchange, or otherwise sell-group the year?  9 Use of the organiz	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b	Х	
b If "Yes," including the calested representation in Scheduler O  30 At any time during the acissrudar year, did the organization have as interact in, or a signature or other sutherity over, a fearancial account in a foreign country (such as a bank account; securities account, or other financial account (such as a bank account; securities account, or other financial account (FBAR),  5a Wast the organization a party to a prohibitate law shaller transaction at any time during the tax year?  5a Wast the organization aparty to a prohibitate law shaller transaction at any time during the tax year?  5b If "Yes" to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have amusil gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not accelerately accomplication on the complication solicit any contributions that were not accelerately accelerately any contributions that were not accelerately accelerately any contributions that were not accelerately accelerately any contributions that were not tax eductable?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductable?  7c Organizations that may receive deductible contributions under section 170(c).  8d Bit the organization notify the donor of the value of the goods or services provided?  7c If "Yes," indicate the number of Forms 8282 filed during the year  7d If "Yes," indicate the number of Forms 8282 filed during the year  8d If the organization meaked any tax will read the property, did the organization file Form 8989 as required?  7d If the organization will apply that year of the will be property the during the year  9d If the organization meaked a contribution of qualified ireleteual property, did the organization file Form 8989 as required?  7a If the organization for excellent forms and part year indincents to pay permittent and the organization file Form 8989 as required?  7b If the organi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	***************************************			i inan
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  b If Yea,* enter the name of the foreign country. ►  See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization apprive a prohibited tax sheliter transaction at any time during the tax year?  5c If Yea* in the Sar o Sh, did the organization file Form 888-67.  6a Does the organization have anxival gross receipts that are normally greater than \$100,000, and did the organization should be organization for this device that seems that such contributions are not tax deductible.  6b If Yea*, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions.  6c If Yea* is did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 If Yea*, "did the organization notify the donor of the value of the goods or services provided?  7 organizations self, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8882?  8 If Yea*, "indicate the number of Forms 8882 filed during the year  9 If If Yea*, "indicate the number of Forms 8882 filed during the year  10 If the organization received a contribution of qualified indirectly, to pay premiums on a personal benefit cortract?  10 If the organization received a contribution of qualified indirectly, on a personal benefit cortract?  11 If the organization received and contribution of qualified indirectly on a personal benefit cortract?  12 If the organization received a contribution of qualified indirectly on a personal benefit cortract?  13 Section 501(c)(7) organizations and contribution of qualified indirectly or indirectly, or a personal benef					За		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  b If Yea,* enter the name of the foreign country. ►  See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization apprive a prohibited tax sheliter transaction at any time during the tax year?  5c If Yea* in the Sar o Sh, did the organization file Form 888-67.  6a Does the organization have anxival gross receipts that are normally greater than \$100,000, and did the organization should be organization for this device that seems that such contributions are not tax deductible.  6b If Yea*, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions.  6c If Yea* is did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 If Yea*, "did the organization notify the donor of the value of the goods or services provided?  7 organizations self, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8882?  8 If Yea*, "indicate the number of Forms 8882 filed during the year  9 If If Yea*, "indicate the number of Forms 8882 filed during the year  10 If the organization received a contribution of qualified indirectly, to pay premiums on a personal benefit cortract?  10 If the organization received a contribution of qualified indirectly, on a personal benefit cortract?  11 If the organization received and contribution of qualified indirectly on a personal benefit cortract?  12 If the organization received a contribution of qualified indirectly on a personal benefit cortract?  13 Section 501(c)(7) organizations and contribution of qualified indirectly or indirectly, or a personal benef	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	o		3b		
b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Fine Fick From 114, Report of Foreign Bank and Financial Accounts (FBAF).  Sa Was the organization a party to a prohibited tax shalter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shalter transaction?  5b X  6 Uf "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  6 Uf "Yes" to line Sa or 5b, did the organization file From 8896.77  5c In 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?  6 In "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may recolve deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or sources provided?  9 If "Yes," did the organization notify the donor of the value of the goods or sources provided?  10 If the organization sell, suchange, or otherwise dispose of tangible pursural property for which it was required  10 If "Yes," find the organization notify the donor of the value of the goods or sources provided?  10 If "Yes," find the organization neceive a py funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 In If the organization received a contribution of case, boats, altypianes, or other vehicles, did the organization file form 1986.0?  12 Sponsoring organization have excess business holdings at any time during the year?  13 Section 501(2) qualified nonprofit health insurance listerinations under section 4866?  14 Section 501(2) qualified nonprofit health file in more than one state?  15 Section 501(2) qualified non	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
So instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  So Does the organization and annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charibable contributions?  If Year, if old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that many receive deductible contributions under section 170(c).  Bift the organization receive apprential necess of \$75 made party as a contribution and party for goods and services provided to the payor?  If Year, if old the organization notify the donor of the value of the goods or services provided?  Old the organization receive apprential necess of \$75 made party as a contribution of our services provided?  Old the organization necessary and such as a service provided?  If Year, indicate the number of Forms 8282 filed during the year  If old the organization in contribution of underly to pay premiums on a personal benefit contract?  If old the organization necessary and contribution of our poyon, yet of the organization file form 8999 as required?  If the organization received a contribution of ourse, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  Sonosoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the spensoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the spensoring organizations maintaining donor advised funds. Did a donor advised fund fund maintained by the spensoring organizations maintaining donor advised funds. Did a donor advised fund fund maintained by the spensoring organizations maintaining d		financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		Х
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 if "Yes" to line 5a or 5h, did the organization file Form 8886-T?  6 id 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?  6 if "Yes" did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible;  7 organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 bid the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 bid the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 bid the organization receive any cherwise dispose of tangible personal property for which it was required  10 bid the organization, during the year of the goods or services provided?  11 bid the organization, during the year, pay promiums, directly or indirectly, to pay premiums on a personal benefit contract?  12 c X  13 fithe organization received a contribution of qualified intellectual property, did the organization life Form 1988 as required?  14 fithe organization received a contribution of qualified intellectual property, did the organization life Form 1988 as required?  15 g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization makes a latification of the property of the property of the services, did not proparalization flore property and property pro		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).	William William		
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DALE ROGERS TRAINING CENTER, INC. 73-0665454 Form 990 (2018) 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 in 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 1a Enter the number of voting members of the governing body at the end of the tax year 13 1a 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 in Schedule O. 13 b Enter the number of voting members included in 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 officer, director, trustee, or key employee? Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х 6 Did the organization have members or stockholders? 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? Х d8 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 in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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? 10b 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 in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a 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 12c in Schedule O how this was done ..... Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed No. 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. X Another's website X Upon request Own website Other (explain in Schedule O) Describe in 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 DALE ROGERS TRAINING CENTER - 405-946-4489

2501 N. UTAH, OKLAHOMA CITY, OK

73107

# 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organizat	l l	orga T	ıniza			nper	ısat			•
<b>(A)</b> Name and Title	(B)		<b>(C)</b> Position					(D)	(E)	(F)
ivame and Title	Average hours per		not c	heck	more	than		Reportable	Reportable compensation	Estimated
	week		c, unie icer ar					compensation from	from related	amount of other
	(list any	etor						the	organizations	compensation
	hours for	trustee or director				pg (		organization	(W-2/1099-MISC)	from the
	related	stee (	тиѕте		au	bensa		(W-2/1099-MISC)		organization
	organizations below	lal fr.	ional		ploye	E03 99				and related
	line)	Individual	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(1) MIKE JONES	1.00	<del>  -</del>	=	-	<u> </u>	王品	15			
DIRECTOR		x						0.	0.	0.
(2) LINDA HUTCHISON	1.00					$\vdash$				
DIRECTOR		х						0.	0.	0.
(3) ANDREA BAIR	1.00									
DIRECTOR		х						0.	0.	0.
(4) FORREST BENNETT	1.00									<u> </u>
DIRECTOR		Х						0.	0.	0.
(5) RUSSELL COX	1,00									
DIRECTOR		х						0.	0.	0.
(6) HELEN STAKEM	1.00									
DIRECTOR		Х						0.	0.	0.
(7) FRANK STONE	1.00							·		
DIRECTOR		х						0.	0.	0.
(8) CHERYL MOORE	1.00							,		
DIRECTOR		Х						0.	0.	0.
(9) TOM SPENCER	1.00			1						
PRESIDENT				х				0.	0.	0.
(10) ALLEN BROWN	1.00									
1ST VICE PRESIDENT				Х				0.	0.	0.
(11) REBECCA COOK	1.00									
2ND VICE PRESIDENT				Х				0.	0.	0.
(12) BRADLEY WALLACE	1.00							1		
TREASURER			_	Х				0.	0.	0.
(13) KEVIN CLIFTON	1.00			_				_		
SECRETARY	42.00		$\dashv$	х			_	0.	0.	0,
(14) CONNIE THRASH MCGOODWIN	40.00							020 020		c 150
EXECUTIVE DIRECTOR			$\dashv$	$\dashv$	Х	-		239,839.	0.	6,459.
		$\dashv$				$\dashv$	$\dashv$			
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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of respectation from the organization from the organiz	(A)	(B)							(D)	(E)		(F	)
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation of any individual listed on line 1s, is the sum of reportable compensation of any individual listed on line 1s, is the sum of reportable compensation of row individual for services sendend to the organization of any individual for services (A)   Name and bases as address   Name and bases address   Name and bases as address   Name and bases address   Name and bases as address   Name and bases	Name and title	/do not check more than one							Reportable	Reportab	le	1	
Side any		hours per	box	k, unie:	ss pe	rson i	ls both	han	compensation	compensat	ion	amou	nt of
Did to organization is all any former officer, director, or trustee, key employee, or highest compensation from the organization and related above) who received more than \$100,000 of compensation and related				т	ndad	lirecto	or/trus	tee)	from	from relate	ed	oth	er
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d Total (add lines 1b and 1c) 239,839, 0. 6,459,  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    1  1  1  1  1  1  1  1  1  1  1  1								t				- (	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of the organization of the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule of for such individual of the organization and related organizations greater than \$150,000? If "Yes," complete Schedule of the organization and related organization or listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule of the organization or individual for services rendered to the organization? If "Yes," complete Schedule of the organization or individual for services rendered to the organization? If "Yes," complete Schedule of the organization or individual for services rendered to the organization of the organization or individual for services of the organization. It was a service of the organization or individual for services of the organization. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  OCC Compensation  OCC Compensation  OCC COMPENSATION BRIDGE AVE, EDMOND, OK 73012  FLOOR CLEANING SERVICES  262,070.	c Total from continuation sheets to Part VI	I, Section A					)	▶	- '		0.		
compensation from the organization    Yes   No	d Total (add lines 1b and 1c)						<u>)</u>	<b>&gt;</b>	239,839.	dented .	0.	6	,459.
Section B. Independent Contractors   Campetes this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.    A		ot limited to the	ose l	istec	d ab	ove)	) who	o rec	ceived more than \$100,0	00 of reportab	le		
Section B. Independent Contractors  Complete this table for your five highest compensation for the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Dalar RAY MONTGOMERY DBA SERVICEMASTER BY MO  1710 WAIN BRIDGE AVE, EDMOND, OK 73012  Total number of independent contractors (including but not limited to those listed above) who received more than  1 Total number of independent contractors (including but not limited to those listed above) who received more than  1 Total number of independent contractors (including but not limited to those listed above) who received more than  1 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization											Voc	· · · · · · · · · · · · · · · · · · ·
line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  PLOOR CLEANING SERVICES  262,070.  Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former officer.	director, or tru	stee	. ke\	/ em	olaı	vee.	or h	ighest compensated em	plovee on	ſ	16:	, INO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		-									ŀ	3	X
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Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  Description of services  Description of services  Description of services  1 COMPENSATION ON 73012  FLOOR CLEANING SERVICES  262,070.											ľ	4 X	
rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address Description of services Compensation  ALLE RAY MONTGOMERY DBA SERVICEMASTER BY MO  17100 WAIN BRIDGE AVE, EDMOND, OK 73012 FLOOR CLEANING SERVICES 262,070.	5 Did any person listed on line 1a receive or a	ccrue compen	satic	npie. m fre	nm e	anv i	uuie Inrel	later	d organization or individu	ıal for sen <i>ice</i> s	·····		
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)  Name and business address Description of services Compensation  DALE RAY MONTGOMERY DBA SERVICEMASTER BY MO  17100 WAIN BRIDGE AVE, EDMOND, OK 73012 FLOOR CLEANING SERVICES 262,070.  262,070.								acoc	a organization or trainio	dar for our vious	ŀ	5	х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Dale RAY MONTGOMERY DBA SERVICEMASTER BY MO  17100 WAIN BRIDGE AVE, EDMOND, OK '73012  FLOOR CLEANING SERVICES  262,070.		Diete Geneens	0 10	1 1111	41.17	CAL	<u> </u>					<u> </u>	
(A) (B) (C) Compensation  Dale RAY MONTGOMERY DBA SERVICEMASTER BY MO  17100 WAIN BRIDGE AVE, EDMOND, OK 73012 FLOOR CLEANING SERVICES 262,070.  2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest con	npensated inde	eper	nden	t co	ntra	ctors	s tha	at received more than \$	00,000 of com	pensat	ion from	
Name and business address  Description of services  Compensation  Dale RAY MONTGOMERY DBA SERVICEMASTER BY MO  L7100 WAIN BRIDGE AVE, EDMOND, OK 73012  FLOOR CLEANING SERVICES  262,070.	the organization. Report compensation for t	he calendar ye	ar er	nding	g wii	th o	r witl	hìn t	the organization's tax ye	ar.			
DALE RAY MONTGOMERY DBA SERVICEMASTER BY MO 17100 WAIN BRIDGE AVE, EDMOND, OK 73012 FLOOR CLEANING SERVICES 262,070.  2 Total number of independent contractors (including but not limited to those listed above) who received more than													
2 Total number of independent contractors (including but not limited to those listed above) who received more than								_	Description of se	rvices	C	ompensati	on
2 Total number of independent contractors (including but not limited to those listed above) who received more than													
	17100 WAIN BRIDGE AVE, EDMOND, OK 730	112						F	LOOR CLEANING SERV	ICES		262	,070.
		***************************************							**************************************				
								+	· · · · · · · · · · · · · · · · · · ·				
	2 Total number of independent contractors (in	icludina hut no	t lim	ited	to th	าดระ	e liet	ed a	shove) who received more	e than			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) (B) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Grants 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d 2,000,250. e Government grants (contributions) f All other contributions, gifts, grants, and 196,726 9,370. g Noncash contributions included in lines 1a-1f: \$ 2,196,976, h Total. Add lines 1a-1f Business Code 2 a PROGRAM SERVICE CONTRA 900099 16,999,719. 16,999,719. Program Service Revenue b PROGRAM SERVICE FEE 900099 18,607. 18,607, C f All other program service revenue 17,018,326. g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 173,810. 173,810 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 51,951. 1,330, assets other than inventory b Less: cost or other basis 0 and sales expenses 0 c Gain or (loss) 51,951. 1,330. 53,281. 1,330. 51,951 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ \_\_\_\_\_ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_ a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 19,442,393.

761

17,019,656.

Total revenue. See instructions .....

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ........ Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees 246,298, 246,298, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 8,988,827. 8,352,669, 636 158. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,300,267 2,216,703 83,564, 9 772,433. 676,660. 95,773. 10 Payroll taxes Fees for services (non-employees): a Management 4,532. 15.145. 10,613. Legal 43,049 43,049 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 29,020. 29,020, Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 15,195. 52. 15,143. 13 Office expenses Information technology 14 667. 667. Royalties 15 134,411. 118 915. 15,496. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings ..... 10,335. 3,912, 6,423. 19 20 Payments to affiliates 21 323,107 55,676. 267,431 22 Depreciation, depletion, and amortization ..... 147,875, 120,015, 27,860. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) SUPPLIES 2,009,997 1,975,253 34.744. CONTRACT SERVICES 1,069,176. 978 048. 91,128. SOURCEAMERICA PROGRAM 608,435. 608,435. WORKERS COMPENSATION IN 261,975. 249 338 12,637. d -333,221, 925,967. 1,259,188. All other expenses е 17,902,179. 16,626,144. 1,276,035. Total functional expenses. Add lines 1 through 24e 0. 25 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)

Form 990 (2018)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X	***************************************		
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,219,747.	1	9,158,934.
	2	Savings and temporary cash investments			491,519.	2	501,685.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		3,065,228.	4	1,554,213.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	ployees. Complete			
		Part II of Schedule L		· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti				100000	
ģ		employees' beneficiary organizations (see instr).		· · · ·		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			155,415.	8	150,204.
	9	Dramaial area and deferred deferred			173,406.	9	125,597.
	10a		l i	_			
		basis. Complete Part VI of Schedule D	10a	8,757,984.			
	b			4,739,891.	3,752,883.	10c	4,018,093.
	11	Investments - publicly traded securities			1,949,519.	11	2,106,631.
	12	Investments - other securities. See Part IV, line 1		217,140.	12	225,719.	
	13	Investments - program-related. See Part IV, line 1			13	V	
	14	Intangible assets		M-mk	14		
	15	Other assets. See Part IV, line 11			89,917.	15	91,566.
	16	Total assets. Add lines 1 through 15 (must equa			16,114,774.	16	17,932,642.
	17	Accounts payable and accrued expenses			1,283,212.	17	1,434,939.
	18	Grants payable		18			
	19	Deferred revenue		Hadron I	19	***************************************	
	20	T			20		
	21	Escrow or custodial account liability. Complete P				21	
ø.	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees	s, and d	isqualified persons.			
abil		Complete Part II of Schedule L				22	
Ľ	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	ables to				***************************************
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Cabadula D				25	
	26	Total liabilities. Add lines 17 through 25			1,283,212.	26	1,434,939.
		Organizations that follow SFAS 117 (ASC 958),	check	here 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 and	34.				
20	27	Unrestricted net assets			14,696,197.	27	16,392,045.
ala	28	Temporarily restricted net assets			60,413.	28	30,706.
d B	29	Permanently restricted net assets			74,952.	29	74,952.
'n.		Organizations that do not follow SFAS 117 (AS					
or 1		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
\SS(	31	Paid-in or capital surplus, or land, building, or equ	iipment	fund		31	
et /	32	Retained earnings, endowment, accumulated inc	ome, or	other funds		32	
z	33	Total net assets or fund balances		14,831,562.	33	16,497,703.	
	34	Total liabilities and net assets/fund balances			16,114,774.	34	17,932,642.

	n 990 (2018) DALE ROGERS TRAINING CENTER, INC.	73-066	5454	Pa	age 12
Pa	irt XI Reconciliation of Net Assets	,	WARMAN AND A STATE OF THE STATE		<u>pilotinitiimmerinimm</u>
	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			<u>,393.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	_ 2			,179.
3	Revenue less expenses. Subtract line 2 from line 1	3			,214.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14		,562.
5	Net unrealized gains (losses) on investments	5		125	,927.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	16	,497,	703.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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 in Schedule (	).			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ANT	1000	48,53
	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	Г
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			NAME:	AN AN
	consolidated basis, or both:	ouolo,			
	X Separate basis Consolidated basis Both consolidated and separate basis				No.
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
Ū	review, or compilation of its financial statements and selection of an independent accountant?		20	х	ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched		. 20		100,000
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
Ju	Act and OMB Circular A-133?				x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit	3a		
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iu duujt	3.		
	or addito, explain with in conscious or and desorting any steps taken to dilidarde such addits	*************	.   3b	990	(2018)
			⊦orm	220 (	ZU18)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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. 1545-9047

**QUIO**Open to Public

Inspection
Employer identification number

DALE ROGERS TRAINING CENTER INC. 73-0665454 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 8 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 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J 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, Type III, Type III, Type III, Type III and III are the IRS that it is a Type II, Type III and III are the IRS that it is a Type II. functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). fiv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2,303,003.	2,455,857.	2,300,514.	2,052,982.	2,196,976.	11,309,332.	
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	2,303,003.	2,455,857.	2,300,514.	2,052,982.	2,196,976.	11,309,332.	
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.						11,309,332.	
	tion B. Total Support					L		
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	2,303,003.	2,455,857.	2,300,514.	2,052,982.	2,196,976.	11,309,332.	
	Gross income from interest,	, , ,		, , , , , , ,		, , ,	<u>, , , -</u>	
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	71,158.	70,390.	44,236.	85,729.	173,810.	445,323.	
α	Net income from unrelated business	72,2501	70,050.	11,200.	05,725.	1,0,010.		
ម	activities, whether or not the							
	·							
40	business is regularly carried on							
IU	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						11,754,655.	
	Total support. Add lines 7 through 10				(a) the definition of		82,707,397.	
	Gross receipts from related activities,	,		1. f		12	02,701,331.	
13	First five years. If the Form 990 is for	-	tirst, second, third	i, tourth, or tiπh ta	x year as a section	1501(0)(3)	. —	
Sec	organization, check this box and stop tion C. Computation of Publi	c Support Per	centage	***************************************				
				-1 (0)		44	96.21 %	
	Public support percentage for 2018 (li					15		
	Public support percentage from 2017							
тьа	33 1/3% support test - 2018. If the o	_					▶ 🔽	
	stop here. The organization qualifies a	, , , , , ,	-					
a	33 1/3% support test - 2017. If the o							
. <del></del>	and stop here. The organization quali		, .					
1/a	10% -facts-and-circumstances test							
	and if the organization meets the "fact							
_	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test						U% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
	organization meets the "facts-and-circ		-	•				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box at	nd see instructions		

# Schedule A (Form 990 or 990-EZ) 2018 DALE ROGERS TRAINING CENTER, INC. 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.)

Se	ction A. Public Support				7, militaria (1977 - 1960) 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 -				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not					· ·			
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
_	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5						and the second s		
	Amounts included on lines 1, 2, and								
,,	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		77						
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)			***************************************					
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a section	501(c)(3) organizat	ion,		
Sac	check this box and stop here	a Cruss and Day					<b>.</b>		
	tion C. Computation of Public	···········		<i>t</i> (n)					
	Public support percentage for 2018 (li		=	.,,		15	<u>%</u>		
	16 Public support percentage from 2017 Schedule A, Part III, line 15								
	Investment income percentage for 20			a 12 column (f)		17	0/		
	Investment income percentage from 2				ſ		<u>%</u>		
		· · · · · · · · · · · · · · · · · · ·		n line 14 and line		18 1/3% and line 17	is not		
	9a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
	b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, chec								
	Private foundation. If the organization								

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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
1		
2	ANTE	
3a		
3b		Usas.
3c		
4a	5 \ 5 \ 5 \ 5 \ 5 \ 5 \ 5 \ 5 \ 5 \ 5 \	
4b		
10		
5a	acques?	ANA
5b 5c	.539.3-33	5,5334
6		
8	07-1034 1034-1034	N. B.A.
9a 9b	postwieste Die Wieste	244 24 A
		-0.000000 -0.00000000000000000000000000
9c 10a		
10h		1904/24/3/ 1904/24/3/

reasons for the organization's position that its supported organization(s) would have engaged in these

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

2b

За

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Sche	edule A (Form 990 or 990-EZ) 2018 DALE ROGERS TRAINING CENTER, INC.			73-0665454 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the content of the conten	_	, ,	Part VI.) See instructions. A
Sect	tion A - Adjusted Net Income	omprove c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	1000		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		•
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

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

Schedule A (Form 990 or 990-EZ) 2018

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions)

Par	rt V Type III Non-Functionally Integrated 509	)(a)(3) Supporting Orga	anizations (continued)	
Sect	tion D - Distributions			Gurrent Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		<u> </u>
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2018 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.		<u></u>	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Evcess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 DALE ROGERS TRAINING CENTER, INC.	73-0665454	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addices instructions.)	es 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	n C,
		44444	
***************************************			
		· · · · · · · · · · · · · · · · · · ·	
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···		NAME AND DESCRIPTION OF THE PARTY OF THE PAR	
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***************************************		Andrew Manager	
		TO THE PART OF THE	

### **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.

Open to Public Inspection

Name of the organization

DALE ROGERS TRAINING CENTER, INC.

Employer identification number

73-0665454

Par	TI Organizations Maintaining Donor Advised Funds or Ot	ner Similar Funds	or Accounts. Complete if the								
	organization answered "Yes" on Form 990, Part IV, line 6.		- ; <b>.</b>								
		advised funds	(b) Funds and other accounts								
1	Total number at end of year										
	Aggregate value of contributions to (during year)										
	Aggregate value of grants from (during year)	***************************************									
	Aggregate value at end of year										
	Did the organization inform all donors and donor advisors in writing that the ass	ets held in donor advise	ed funds								
	are the organization's property, subject to the organization's exclusive legal cor										
	Did the organization inform all grantees, donors, and donor advisors in writing the										
	for charitable purposes and not for the benefit of the donor or donor advisor, or	•	•								
	impermissible private benefit?										
	t II Conservation Easements. Complete if the organization answere	d "Yes" on Form 990, F									
	Purpose(s) of conservation easements held by the organization (check all that a										
	Preservation of land for public use (e.g., recreation or education)	1	orically important land area								
	Protection of natural habitat	Preservation of a certi									
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a qualified conservation or	ontribution in the form o	of a conservation easement on the last								
	day of the tax year.		Held at the End of the Tax Year								
а	Total number of conservation easements	•••••	2a								
b	Total acreage restricted by conservation easements	******************************	2b								
C	Number of conservation easements on a certified historic structure included in (	a)	2c								
d	Number of conservation easements included in (c) acquired after 7/25/06, and r	ot on a historic structur	e								
	listed in the National Register		2d								
	Number of conservation easements modified, transferred, released, extinguishe										
	year 🕨										
4	Number of states where property subject to conservation easement is located	·									
5	Does the organization have a written policy regarding the periodic monitoring, ir	spection, handling of									
,	violations, and enforcement of the conservation easements it holds?										
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year										
)	<b>&gt;</b>										
7 /	Amount of expenses incurred in monitoring, inspecting, handling of violations, a	nd enforcing conservati	on easements during the vear								
l		na emoronig conscivati	···· 3 ··· 3 ···								
•	<b>&gt;</b> \$	·									
•	▶ \$ Does each conservation easement reported on line 2(d) above satisfy the require	·									
8 i	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?	ements of section 170(h	)(4)(B)(i) Yes No								
8	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its	ements of section 170(h revenue and expense s	)(4)(B)(i)  Yes No tatement, and balance sheet, and								
8   9   i	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state.	ements of section 170(h revenue and expense s	)(4)(B)(i)  Yes No tatement, and balance sheet, and								
8   9   i	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.	ements of section 170(h revenue and expense s ments that describes th	)(4)(B)(i)  Yes No tatement, and balance sheet, and ne organization's accounting for								
8   9   i	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  III Organizations Maintaining Collections of Art, Historical	revenue and expense s ments that describes the	)(4)(B)(i)  Yes No tatement, and balance sheet, and ne organization's accounting for								
8 9 1	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  Till Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8	revenue and expense sements that describes the	)(4)(B)(i)  Yes No tatement, and balance sheet, and ne organization's accounting for								
8   9   i ( Part	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  III Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to repo	revenue and expense sements that describes the Treasures, or Other	Yes No tatement, and balance sheet, and ne organization's accounting for  No Ter Similar Assets.								
9     0   Part	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  III Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to reponsistorical treasures, or other similar assets held for public exhibition, education,	revenue and expense sements that describes the Treasures, or Other	Yes No tatement, and balance sheet, and ne organization's accounting for  No Ter Similar Assets.								
8   9   1   0   0   0   0   0   0   0   0   0	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  LIII Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report instorical treasures, or other similar assets held for public exhibition, education, the text of the footnote to its financial statements that describes these items.	revenue and expense s ments that describes the Treasures, or Other trin its revenue statement	y(4)(B)(i)  Yes No  No  tatement, and balance sheet, and ne organization's accounting for  Her Similar Assets.  ent and balance sheet works of art, the of public service, provide, in Part XIII,								
9   Part	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in	revenue and expense soments that describes the Treasures, or Other in its revenue statement at the revenue statement at t	No tatement, and balance sheet, and he organization's accounting for her Similar Assets.  The sent and balance sheet works of art, he of public service, provide, in Part XIII, and balance sheet works of art, historical								
9   Part	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  III Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in treasures, or other similar assets held for public exhibition, education, or research.	revenue and expense soments that describes the Treasures, or Other in its revenue statement at the revenue statement at t	No tatement, and balance sheet, and he organization's accounting for her Similar Assets.  The sent and balance sheet works of art, he of public service, provide, in Part XIII, and balance sheet works of art, historical								
9   Part	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  III Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in treasures, or other similar assets held for public exhibition, education, or researce relating to these items:	revenue and expense soments that describes the Treasures, or Other tin its revenue statement and its revenue statement at the in furtherance of publications.	Yes No No Notatement, and balance sheet, and ne organization's accounting for Noter Similar Assets.  Noter and balance sheet works of art, note of public service, provide, in Part XIII, and balance sheet works of art, historical ic service, provide the following amounts								
8   9   1   1   1   1   1   1   1   1   1	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  IIII Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in treasures, or other similar assets held for public exhibition, education, or research relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	revenue and expense sements that describes the Treasures, or Other tin its revenue statement are research in furtherance of public in furtherance	Yes No tatement, and balance sheet, and ne organization's accounting for  Noter Similar Assets.  Internal balance sheet works of art, ne of public service, provide, in Part XIII, and balance sheet works of art, historical ic service, provide the following amounts  \$\Boxed{\textsum}\$								
8   9   10   10   10   10   10   10   10	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  IIII Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in treasures, or other similar assets held for public exhibition, education, or research relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	revenue and expense sements that describes the Treasures, or Other in its revenue statement research in furtherancies revenue statement as the in furtherance of publication research in furtherance of publications.	Yes No tatement, and balance sheet, and ne organization's accounting for  ner Similar Assets.  ent and balance sheet works of art, ne of public service, provide, in Part XIII, and balance sheet works of art, historical ic service, provide the following amounts  \$								
8   9   1   1   1   1   1   1   1   1   1	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  LIII Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report historical treasures, or other similar assets held for public exhibition, education, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in treasures, or other similar assets held for public exhibition, education, or research relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar in the properties of art, historical treasures, or other similar in the organization received or held works of art, historical treasures, or other similar in the organization received or held works of art, historical treasures, or other similar in the organization received or held works of art, historical treasures, or other similar in the organization received or held works of art, historical treasures, or other similar and the properties of the prope	revenue and expense soments that describes the Treasures, or Other in its revenue statement and its revenue statement at him furtherance of publications assets for financial statements.	Yes No tatement, and balance sheet, and ne organization's accounting for  ner Similar Assets.  ent and balance sheet works of art, ne of public service, provide, in Part XIII, and balance sheet works of art, historical ic service, provide the following amounts  \$								
9   Part	Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state conservation easements.  IIII Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in treasures, or other similar assets held for public exhibition, education, or research relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	revenue and expense soments that describes the Treasures, or Other in its revenue statement and its revenue statement and in furtherance of publications assets for financial and to these items:	yes No statement, and balance sheet, and ne organization's accounting for  ner Similar Assets.  ent and balance sheet works of art, ne of public service, provide, in Part XIII, and balance sheet works of art, historical ic service, provide the following amounts  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$								

		S TRAINING CENT					73-066	CONTRACTOR OF THE PROPERTY OF		age 2				
Pa	rt III   Organizations Maintaining C	collections of Ar	t, Historical Tre	easures, or	Other	r Simila	r Asset	s (contir	iued)					
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	are a sig	gnificant ι	use of its o	collection	items	,				
	(check all that apply):													
а														
b	Scholarly research	€	Other											
G	Preservation for future generations													
4	Provide a description of the organization's co	ollections and explai	n how they further ti	he organizatior	n's exen	npt purpo	se in Part	XIII.						
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other	r similar	assets								
Describe Commerce	to be sold to raise funds rather than to be ma							Yes		No				
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the organizatio	on answered "\	Yes" on	Form 990	), Part IV,	line 9, or						
	reported an amount on Form 990, Pa	rt X, line 21.												
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other asse	ets not i	ncluded								
	on Form 990, Part X?	***********						Yes		No				
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:											
Ame														
C	c Beginning balance 1c													
d	Additions during the year													
e	Distributions during the year													
f	Ending balance													
2a			Yes		No									
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII													
Pa	rt V Endowment Funds. Complete i					0.		the terminate and a second and are are and a seg-		***************************************				
		(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears back	(e) Four	years	back				
1a	Beginning of year balance	217,139.	212,695.	·	,918.		96,869.	1	198,					
b	Contributions	-					-							
C	Net investment earnings, gains, and losses	8,580.	4,444.	15	,777.		49.	-1,488		488.				
d	Grants or scholarships													
	e Other expenditures for facilities													
Ů	and programs													
f	Administrative expenses													
		1	96,918.		196.	869.								
_	g End of year balance 225,719. 217,139. 212,695. 196,918. 196,869.													
a	<ul> <li>Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li> <li>Board designated or quasi-endowment</li> </ul>													
b	Permanent endowment 33.21	%												
		% %												
С	The percentages on lines 2a, 2b, and 2c shot													
20	Are there endowment funds not in the posses	•	tion that are hold or	nd administera	d for the	o organiza	tion							
ъ		SSION OF THE OF YARRIZA	luon mat are neiu ar	iu auriinistere	ici lor line	6 Organiza	IEIOIT	Г	Yes	No				
	by:							3a(i)	X	140				
	(i) unrelated organizations									x				
L.	(ii) related organizations	tions listed as receive	ad an Cahadula Da					3a(ii) 3b	$\dashv$					
								[ 30						
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		winent lunus.						************					
I CII			Doubly Bootto C	las Carro 000 I	Dark V. I	lina 10								
	Complete if the organization answered							(a) Deci						
	Description of property	(a) Cost or o basis (investn		or other (other)		ccumulate preciation	ia	(d) Book	value	,				
		-	ioni) Dasis	`	นฮเ	n GuidhUll	34(34)		225	5.47				
	Land		-	225,547.		2 040	101		225,					
	Buildings		5	,355,923.		2,018,	104.	٥,	337,					
	Leasehold improvements			406 DE4		0 000	055		264	000				
	Equipment		<u>2</u>	,496,954.		2,236,			260,					
	Other			679,560.		484,	034.		194,					
[otal	l. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part 1	X. column (B), line 1	0c.)				4	018,	133.				

or end-of-year market value
경기를 가는 아니는 아이를 가게 하는 것이 없다면 하는데
1
or end-of-year market value
1-79-7
Weekennekken/enne
(b) Book value
ne 25.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

DALE ROGERS TRAINING CENTER, INC. 73-0665454 Page 4

	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			40 545 541
1			***************************************	1	19,547,741.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	405 005		
а	Net unrealized gains (losses) on investments		125,927.		
b	Donated services and use of facilities				
G	Recoveries of prior year grants				
ď	Other (Describe in Part XIII.)	2d	8,441.	WAR ST	
е	Add lines 2a through 2d			2e	134,368.
3	Subtract line 2e from line 1			3	19,413,373.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	₹ i			
а	Investment expenses not included on Form 990, Part VIII, line 7b		29,020.		
	Other (Describe in Part XIII.)	4b	***************************************	William (	
	Add lines 4a and 4b			4c	29,020.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  t XII   Reconciliation of Expenses per Audited Financial State	monte With E	vnences ner F	5 Peturn	19,442,393.
I GI	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			iciaiii.	
1	Total expenses and losses per audited financial statements			1	17,881,600.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			3444	· ,
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other (Departing in Part VIII.)		8 441.		
	Other (Describe in Part XIII.)			0-	8 441
	Add lines 2a through 2d			2e	8,441. 17,873,159.
	Subtract line 2e from line 1			3	11,013,133.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	20.020		
	Investment expenses not included on Form 990, Part VIII, line 7b		29,020.		
	Other (Describe in Part XIII.)	4b		SEASE	
	Add lines 4a and 4b			4c	29,020.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	****	********	5	17,902,179.
	XIII Supplemental Information.		101.15.117.154.	. D V. II.	- 0. D - 1 VI
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			, Part X, III	ne 2; Part XI,
PART	V, LINE 4:				
THE I	UNDS ARE TO BE USED ONLY IN EXTREME FINANCIAL CONDITIONS AN	ND REQUIRE			
TWO1	HIRDS VOTE OF THE BOARD TO ACCESS THESE ASSETS.				
PART	X, LINE 2:				
	SC PROVIDES GUIDANCE ON THE ACCOUNTING FOR UNCERTAINTY IN I	INCOME			
Ine A	SC PROVIDES GUIDANCE ON THE ACCOUNTING FOR UNCERTAINTY IN I	INCOME			
TAXES	THIS GUIDANCE REQUIRES AN ENTITY TO RECOGNIZE THE FINANCI	[AL			
STATE	EMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN N	TAHT TO			W-24 .
THE E	OSITION WILL BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVAL	LUATES THE			
ORGAN	IZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZA	ATION HAS			
TAKEN	NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE	FINANCIAL			
- פייאיי	MENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.				

Schedule D (Form 990) 2018 DALE ROGERS TRAINING CENTER, INC.	73-0665454	Page 5
Schedule D (Form 990) 2018 DALE ROGERS TRAINING CENTER, INC.    Part XIII   Supplemental Information (continued)		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
PURCHASE DISCOUNTS		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
DIDGUAGE DIGGOUNGG		
PURCHASE DISCOUNTS		
<del></del>		
	<del>,</del>	
	····	

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DALE ROGERS TRAINING CENTER, INC.

**Employer identification number** 

73-0665454 **Questions Regarding Compensation** Yes No 1a 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 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? Indicate which, if any, of the following the filing 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Х a Receive a severance payment or change-of-control payment? ...... b Participate in, or receive payment from, a supplemental nonqualified retirement plan? х х c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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: Х a The organization? Х b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: Х a The organization? X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments Х not described on lines 5 and 6? If "Yes," describe in Part III

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

Regulations section 53.4958-6(c)?

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

Schedule J (Form 990) 2018

Х

73-0665454

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.

	(B) Breakdow	vn of W-2	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
MCGOODWIN	(i) 158,789.	789.	68,176.	12,874.	0	6,459.	246,298.	0
EXECUTIVE DIRECTOR	(ii)	٥.	0.	"0	0	0.	0	• 0
	(1)							
	(II)							
	(E)	;						
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	8		-					
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	(E)							T-170.
	(ii)	_						

Schedule J (Form 990) 2018

73-0665454 Page 3	. Also complete this part for any additional information.		TO THE PROPERTY OF THE PROPERT	THE PARTY CONTRACTOR OF THE PA						THE PROPERTY CONTRACTOR CONTRACTO	AND THE PROPERTY OF THE PROPER	TOTAL	Total Control of the	TO THE PARTY OF TH	Schedule J (Form 990) 2018
DALE ROGERS TRAINING CENTER, INC.	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.					Triple and	CONTRACTOR								
Schedule J (Form 990) 2018  Part III Supplemental Information	Provide the information, explanation, or descriptions required for Part I, lines 1a,														

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Name of the organization Employer identification number DALE ROGERS TRAINING CENTER INC. 73-0665454 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN-HOUSE PROGRAMS AND WORK OPPORTUNITIES AS WELL AS COMPETITIVE COMMUNITY EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PROVIDED TO THE BOARD UPON REQUEST PRIOR TO FILING THE TAX RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE IF A POTENTIAL CONFLICT OF INTEREST ARISES. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL COMPENSATION LEVELS ANNUALLY IN JULY. FORM 990, PART VI, SECTION C, LINE 18: FORM 990 AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: FORM 990 AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: PROCESS HAS NOT CHANGED IN THE CURRENT YEAR.

# Form **8868** (Rev. January 2019)

(nev. January 2019

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print DALE ROGERS TRAINING CENTER, INC. 73-0665454 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 2501 N. UTAH return. See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY, OK 73107 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) Form 8870 12 DALE ROGERS TRAINING CENTER The books are in the care of ➤ 2501 N. UTAH - OKLAHOMA CITY, OK 73107 Fax No. ▶ 405-946-4489 Telephone No. ▶ 405-946-4489 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box lead attach a list with the names and ElNs of all members the extension is for. I request an automatic 6-month extension of time until \_\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ➤ X tax year beginning JUL 1, 2018 \_\_\_, and ending JUN 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return \_\_\_ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)