Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2023

Open to Public Inspection

Form 990 (2023)

A	For the	2023 calendar year, or tax year beginning and	ending				
В	Check if applicabl	C Name of organization		D Employer identif	ication number		
	Addre chang Name	THE TOBY KEITH FOUNDATION, INC.					
<u>_</u>	chang			20-40898			
F	Initial return	010 N E OMI CODEED	Room/suite	E Telephone number (405)271			
	termin ated			G Gross receipts \$	2,893,013.		
	Amend			H(a) Is this a group return			
\vdash	return _Applic _tion			for subordinate	s? Yes X No		
	pendir	2421 MEMBERS WAY, LEXINGTON, KY 40504			included? Yes No		
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527		a list. See instructions		
	Websit		U	H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: OK		
	art I	Summary			***************************************		
0	1	Briefly describe the organization's mission or most significant activities: TO El	NCOURA	GE THE HEAL	TH AND		
Activities & Governance		HAPPINESS OF PEDIATRIC CANCER PATIENTS BY	Y SOLI	CITING PUBL	IC SUPPORT		
rns	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	ssets.		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	5		
න න		Number of independent voting members of the governing body (Part VI, line 1b)			5		
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4		
ivit	6	Total number of volunteers (estimate if necessary)		6	25		
Act		Total unrelated business revenue from Part VIII, column (C), line 12					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····				
Revenue				Prior Year	Current Year		
		Contributions and grants (Part VIII, line 1h)		1,769,150.	2,280,591.		
		Program service revenue (Part VIII, line 2g)		0.	0.		
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,345.	81,140.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-161,186. $1,613,309$.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,613,309.	2,297,684.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
rn.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		269,285.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
per		Fotal fundraising expenses (Part IX, column (D), line 25) 44, 44	44.		·		
Ж		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		883,416.	946,359.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,152,701.	1,239,056.		
	19	Revenue less expenses. Subtract line 18 from line 12		460,608.	1,058,628.		
Vet Assets or und Balances				ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		10,890,011.	11,631,589.		
id As	21	Total liabilities (Part X, line 26)		4,558,784.	4,241,734.		
-u_	122	Net assets or fund balances. Subtract line 21 from line 20		6,331,227.	7,389,855.		
	art II	Signature Block		*			
Und	er pena	lties of perjury, I declare that Lhave examined this return, including accompanying schedules	s and statem	ents, and to the best of n	ny knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparei	r has any knowledge.			
		Signature of officer		Date	12024		
Sig				Date	•		
Her	e	RANDAL K. HATFIELD, DIRECTOR/TREASURER Type or print name and title					
				Date / Check [PTIN		
Paid	,	Print/Type preparer's name Preparer's signature Preparer's signature		1 - 1/ if	TOTAL TOTAL CONTROL OF THE PARTY OF THE PART		
	parer	RANDAL K. HATFIELD RANDAL K. HATFII Firm's name RADWAN, BROWN & COMPANY PSC	Sirm's EIN 6				
	Only	Firm's name RADWAN, BROWN & COMPANY PSC Firm's address 2421 MEMBERS WAY		Firm's EIN 6	51-1142073		
J30	Jilly	LEXINGTON, KY 40504		Phone no / S	359)233-4146		
May	the IF	IS discuss this return with the preparer shown above? See instructions		I Findle IIO. (C	X Yes No		
			*************		LAL 103 L 140		

332001 12-21-23

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

Form 990 (2023) THE TOBY KEITH FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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_		X
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		_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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	i		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
10	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10		40		7.7
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	10		<u>X</u>
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
и			v	
b	Part VI	11a	Х	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	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		ĺ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		l	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		į	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ĺ		
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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			٦,
h	Schedule K. If "No," go to line 25a	24a		X
	Did the organization minest any proceeds of tax-exempt borios beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		04-		
d	any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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	ļ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	, , , , , , , , , , , , , , , , , , , ,			37
h	"Yes," complete Schedule L, Part IV	28a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	28b		
Ū	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	000		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	3,		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
···			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c	X	
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-	w	()	-7	()	١,	11	Page

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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 (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D				
_	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
1/10	Did the organization receive any payments for indoor tanning services during the tax year?	44-		
	15 DV - N 1 - 2 CV - 1 - C - COO 2	14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		- 47
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
, _	If "Yes," complete Form 4720, Schedule O.	10		7.7
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	11		

THE TOBY KEITH FOUNDATION, INC. 20-4089800 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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? X 11a b Describe on 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 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 on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 Х 15 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2023)

STACEY RILEY - (405) 447-3813

1025 E. INDIAN HILLS ROAD, NORMAN, OK

73071

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

 See the instructions for the order in which to list the persons above.

Name and title Average hours per week (list any hours for related organizations below line) (1) JULIET A. NEES EXECUTIVE DIRECTOR (2) TOBY K. COVEL PRESIDENT (3) PATRICIA A. COVEL PRESIDENT (4) RANDAL K. HATFIELD TREASURER (5) GREG A. HUNTER SECRETARY (6) TERRY S. KIMBRELL Average hours per week (list any hours for related organizations week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Indicated a director/trustee) Average hours per week (list any hours for related organizations organizations) Reportable compensation from related organization (W-2/1099-MISC/ 1099-NEC) 1099-NEC) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) 1099-NEC) 1099-NEC) 119, 486. 0. 11, 412 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	Check this box if neither the organization		orga					nsat		director, or trustee.	
hours per week (list any hours for related organizations below line) (1) JULIET A. NEES EXECUTIVE DIRECTOR (2) TOBY K. COVEL PRESIDENT (3) PATRICIA A. COVEL VICE PRESIDENT (4) RANDAL K. HATFIELD VICE PRESIDENT (4) RANDAL K. HATFIELD VICE PRESIDENT (4) RANDAL K. HATFIELD TREASURER (5) GREG A. HUNTER SECRETARY (6) TERRY S. KIMBRELL (donot check ware than one obst, unless person is both an one officer and a director/trustee) compensation from the organizations (W-2/1099-MISC/ 1099-NEC) 1099-NEC)	(A)	(B)			De:	C)			(D)		(F)
Nours per week (list any hours for related organizations below line) 1	Name and title		(do	Position (do not check more that			l than	one	•	Reportable	Estimated
Compensation from the organization (W-2/1099-MISC/ 1099-NEC) The organization (W-2/1099-MISC/ 1099-NEC) The organization (W-2/1099-MISC/ 1099-NEC) The organization from the organization (W-2/1099-MISC/ 1099-NEC) The organization and related organizations		,	box	oox, unless person			n is both an		•		
(1) JULIET A. NEES EXECUTIVE DIRECTOR (2) TOBY K. COVEL PRESIDENT (3) PATRICIA A. COVEL VICE PRESIDENT (4) RANDAL K. HATFIELD TREASURER (5) GREG A. HUNTER SECRETARY (6) TERRY S. KIMBRELL X X X 119,486. 0. 11,412 0. 0. 0. 0 1.00 X X X 0. 0. 0. 0 0. 0 1.00 X X X 0. 0. 0 0. 0 0. 0 0. 0 0. 0			cto						1	,	
(1) JULIET A. NEES EXECUTIVE DIRECTOR (2) TOBY K. COVEL PRESIDENT (3) PATRICIA A. COVEL VICE PRESIDENT (4) RANDAL K. HATFIELD TREASURER (5) GREG A. HUNTER SECRETARY (6) TERRY S. KIMBRELL X X X 119,486. 0. 11,412 0. 0. 0. 0 1.00 X X X 0. 0. 0. 0 0. 0 1.00 X X X 0. 0. 0 0. 0 0. 0 0. 0 0. 0		hours for	r dire				pa		organization		
(1) JULIET A. NEES EXECUTIVE DIRECTOR (2) TOBY K. COVEL PRESIDENT (3) PATRICIA A. COVEL VICE PRESIDENT (4) RANDAL K. HATFIELD TREASURER (5) GREG A. HUNTER SECRETARY (6) TERRY S. KIMBRELL X X X 119,486. 0. 11,412 0. 0. 0. 0 1.00 X X X 0. 0. 0. 0 0. 0 1.00 X X X 0. 0. 0 0. 0 0. 0 0. 0 0. 0			stee o	ustee			ensal		(W-2/1099-MISC/	1099-NEC)	
(1) JULIET A. NEES EXECUTIVE DIRECTOR (2) TOBY K. COVEL PRESIDENT (3) PATRICIA A. COVEL VICE PRESIDENT (4) RANDAL K. HATFIELD TREASURER (5) GREG A. HUNTER SECRETARY (6) TERRY S. KIMBRELL X X X 119,486. 0. 11,412 0. 0. 0. 0 1.00 X X X 0. 0. 0. 0 0. 0 1.00 X X X 0. 0. 0 0. 0 0. 0 0. 0 0. 0		1	al tru	nal tr		loyee	comp		1099-NEC)		
(1) JULIET A. NEES EXECUTIVE DIRECTOR (2) TOBY K. COVEL PRESIDENT (3) PATRICIA A. COVEL VICE PRESIDENT (4) RANDAL K. HATFIELD TREASURER (5) GREG A. HUNTER SECRETARY (6) TERRY S. KIMBRELL X X X 119,486. 0. 11,412 0. 0. 0. 0 1.00 X X X 0. 0. 0. 0 0. 0 1.00 X X X 0. 0. 0 0. 0 0. 0 0. 0 0. 0		3	Sividu	ittutti	ig.	y em g	ploye	E			organizations
X			Ĕ	Ĕ	5	3	三三	æ			
(2) TOBY K, COVEL 1.00 PRESIDENT X X 0. 0. 0 (3) PATRICIA A, COVEL 1.00 0. 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. (4) RANDAL K, HATFIELD 1.00 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. (5) GREG A, HUNTER 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. (6) TERRY S, KIMBRELL 1.00 0. 0. 0. 0.		40.00	٠,,		7.7				110 406	_	7.7 4.4.0
PRESIDENT		1 00	A	 	A			-	119,486.	υ.	11,412.
(3) PATRICIA A. COVEL VICE PRESIDENT (4) RANDAL K. HATFIELD TREASURER (5) GREG A. HUNTER SECRETARY (6) TERRY S. KIMBRELL 1.00 X X X 0. 0. 0. 0 0. 0 0. 0		1.00	-		٦,						•
VICE PRESIDENT X X X 0. 0. 0 (4) RANDAL K. HATFIELD 1.00 X X 0. 0. 0 TREASURER X X X 0. 0. 0 (5) GREG A. HUNTER 1.00 X X 0. 0. 0 SECRETARY X X X 0. 0. 0 (6) TERRY S. KIMBRELL 1.00 0 0 0 0		1 00	X		X	-	-		0.	0.	0.
(4) RANDAL K. HATFIELD 1.00 TREASURER X (5) GREG A. HUNTER 1.00 SECRETARY X (6) TERRY S. KIMBRELL 1.00 0. 0. 0. 0. 0. 0.		1.00									
TREASURER X X 0. 0. 0 0 0 0 0 0 0		1 00	X	-	X.				0.	0.	0.
(5) GREG A. HUNTER		1.00	-		**						
SECRETARY X X 0. 0. 0 (6) TERRY S. KIMBRELL 1.00		1 00	X		X	-		<u> </u>	U.	0.	0.
(6) TERRY S. KIMBRELL 1.00		1.00									
		1 00	X.		X	ļ	_	<u> </u>	0.	0.	0.
DIRECTOR X X X 0. 0. 0. 0		1.00	l							_	_
	DIRECTOR		X		X				0.	0.	0.
			-								
						ļ					
											
			-								
								·			

Gection A. Officers, Directors, Trus	Trustees, Key Employees, and m				וט ב	gne:	SI C	ompensated Employe	es (continuea)		,		
(A)	(B)	ĺ		(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi		than	one	Reportable	Reportable	e	Es	stimate	ed
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	ar	nount	of
	week	-	cer an	o a o	recto	or/trus	tee)	from	from related	d		other	
	(list any hours for	recto						the	organization			pensa	
	related	or di	eg e			ated		organization	(W-2/1099-MI	f		om th	
	organizations	ustee	trust		စ္မ	pens		(W-2/1099-MISC/	1099-NEC)		anizat	
	below	ual tr	ional		ploye	1 corr	_	1099-NEC)				d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Uiga	ai iiZati	0115
		-				± 9							
1b Subtotal								119,486.		0.	1	1,4	12.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								119,486.		0.	1	1,4	12.
2 Total number of individuals (including but n									,000 of reportab	ole .			
compensation from the organization						•							1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual							***************************************			3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	che	edule	Jf	or such individual			4		X
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on f	rom	any	unre	elat	ed organization or indivi	dual for services	;			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch j	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith o	or wi	thir	the organization's tax	/ear.	, <u>.</u>			
(A)							ĺ	(B)			(C		
Name and business	address	NC	NE	<u> </u>			_	Description of s	ervices	С	ompe	nsatio	n
							_						
										ĺ			
							_						
							\dashv						
	***************************************		-				-						
O This should be a second		,										·····	
2 Total number of independent contractors (in	_	ot lin	nited	d to		_	ted	above) who received m	ore than				
\$100,000 of compensation from the organiz	zation				(<u> </u>							

		Check if Schedule O c	ontains a	response	or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded
nts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	k			1b					
s, G	(Fundraising events		1c 1,	814,967.				
sift lar,	l	Related organizations		1d					
i.i.				1e					
tion	f								
ibu		similar amounts not included		1f	465,624.				
d of	و ا	Noncash contributions included in I	lines 1a-1f	1g \$	137,757.				
<u>ರಿ ೯</u>	ŀ	Total. Add lines 1a-1f				2,280,591.			
					Business Code				
çe	2 a			••••					
e vi	k								
Program Service Revenue	c								
ran 3ev	c								
5	ε								
σ.	f	All other program service re							
	<u>c</u>	Total. Add lines 2a-2f							
	3	Investment income (includi	-						
						81,140.	81,140.		
77.7	4	Income from investment of							
	5	Royalties	······································						
				i) Real	(ii) Personal				
	6 a		6a						į.
		· · · · · · · · · · · · · · · · · · ·	6b						
		, , ,	6c		L				
		Net rental income or (loss)		ecurities	(ii) Other				
	/ a	Gross amount from sales of		ecunities	(ii) Other				
	1	· 1	7a					7	
<u>o</u>	L)	Less: cost or other basis						4 F	
enc	_		7b						
ev.		Gain or (loss)			<u> </u>				
ia li		Gross income from fundraising						-	
뜑	Оа	including \$ 1,814							
Other Revenue		contributions reported on I		- 1				er e	
		Part IV, line 18	-	1	531,282.				
	h	Less: direct expenses			595,329 .				
		Net income or (loss) from fu				-64,047.			-64,047.
		Gross income from gaming				01/01/			04,047.
	-	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le	_					-	
		and allowances							
	b	Less: cost of goods sold							
		Net income or (loss) from s			******************				
υ					Business Code				
Miscellaneous Revenue	11 a								
lan	b								
is se	С								
Si _M		All other revenue							
	e	Total. Add lines 11a-11d .							
	12	Total revenue. See instruction	ıs			2,297,684.	81,140.	0.	-64,047.
33200	9 12-2	1-23							Form 990 (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,750.	1,750.		
2	Grants and other assistance to domestic				•
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 000	55 605		
^	trustees, and key employees	121,000.	75,625.	30,250.	15,125
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B)	120 045	100 045		
7	Other salaries and wages	120,045.	120,045.		
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	20 025	75 555	0 050	
	Other employee benefits	29,835. 20,067.	25,555.	2,853.	1,427
10 11	Payroll taxes Fees for services (nonemployees):	20,067.	16,289.	2,518.	1,260
	` ' ' '				
a h	Management				
b	Legal	10 200		10 200	
۲, C	Accounting	10,300.		10,300.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,753.		3,753.	
13	Office expenses	27,256.	237.	27,019.	
14	Information technology	5,878.	5,558.		
15		3,070.	3,330.	320.	
16	Royalties	595,678.	595,678.		
17	Occupancy Travel	393,070.	393,070.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	268,956.	268,956.		
23	Insurance	8,109.	3,405.	4,501.	203
24	Other expenses. Itemize expenses not covered	0,10,0	J, #UJ•	±,JU1•	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EVENT RENTALS & SUPPLIE	15,673.			15,673
b	SALES TAX	10,756.			10,756
C		10,730.			10,750
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,239,056.	1,113,098.	81,514.	11 111
<u>25 </u>	Joint costs. Complete this line only if the organization	±,200,000 •	<u> </u>	01,014.	44,444
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
222046	Check here if following SOP 98-2 (ASC 958-720)				Form 990

332010 12-21-23

Pa	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
	·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,681,355.	1	1,707,434
	2	Savings and temporary cash investments	1,103,214.	2	2,048,167
	3	Pledges and grants receivable, net	24,000.	3	12,500
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	116,055.	9	152,364
	10a	. 5-,			
		basis. Complete Part VI of Schedule D 10a 11,310,647.			
	b	Less: accumulated depreciation 10b 3,599,523.	7,965,387.	10c	7,711,124
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,890,011.	16	11,631,589
	17	Accounts payable and accrued expenses	17,353.	17	17,751
	18	Grants payable		18	
	19	Deferred revenue	6,000.	19	7,084
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons	4 505 404	22	
	23	Secured mortgages and notes payable to unrelated third parties	4,535,431.	23	4,216,899
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		İ	
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26	***************************************	1 EEO 701	25	1 211 721
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	4,558,784.	26	4,241,734
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	6,331,227.		7 200 055
Bal	28	Net assets with donor restrictions	0,331,441.	27	7,389,855.
nd	20	Organizations that do not follow FASB ASC 958, check here		28	
Fu		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		20	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		29	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	6,331,227.	31	7,389,855.
~	33	Total liabilities and net assets/fund balances	10,890,011.	33	11,631,589

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

За

Зb

X

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE TOBY KEITH FOUNDATION, INC. 20-4089800 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization listed in your governing document? (ii) EIN (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))

Schedule A (Form 990) 2023
Part II Support Sch

	Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	vi)
	(Complete only if you checke	d the box on line 5	i, 7, or 8 of Part I o	r if the organizatio	n failed to qualify (under Part III. If the	e organization
_	fails to qualify under the tests	s listed below, plea	se complete Part	III.)			
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1773135.	998,108.	1955307.	1769150.	2279191.	8774891.
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	1773135.	998,108.	1955307.	1769150.	2279191.	8774891.
5	The portion of total contributions						<u> </u>
	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)						977,450.
6	Public support. Subtract line 5 from line 4.						7797441.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1773135.	998,108.	1955307.	1769150.	2279191.	8774891.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,213.	3,401.	2,505.	5,345.	81,140.	99,604.
9	Net income from unrelated business				, , , , , , , , , , , , , , , , , , , ,		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		ŀ				
11	Total support. Add lines 7 through 10						8874495.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,805,011.
	First 5 years. If the Form 990 is for th						, ,
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	87.86 %
15	Public support percentage from 2022	Schedule A, Part I	II, line 14			15	90.35 %

loa 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	

and stop here. The organization qualifies as a publicly supported organization

17a	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization	
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	

	o the state of the
b	o 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 THE TOBY KEITH FOUNDATION, 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
	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.)						
Sec	etion B. Total Support	<u> </u>		<u> </u>	<u> Li</u>		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2022	(f) Total
	Amounts from line 6	(4) 2010	(0) 2020	(0) 2021	(u) 2022	(e) 2023	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ı					:
	acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th						
	check this box and stop here						
Sec	tion C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2023 (li	ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did n				33 1/3%, and line 1	
	more than 33 1/3%, check this box ar					-41	
	33 1/3% support tests - 2022. If the				_		
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	3 12-21-23						/Earm 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
41.		
4b		
4c		
_5a		
5 b		
5c		
6		
7		
8		
9a		
9b		
9c		
30		
10a		
10b		
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	edule A (Form 990) 2023 THE TOBY KEITH FOUNDATION, INC. 20-	408980) O P	age 5
	oupporting Organizations (continued)			
11	Has the examination expected a city or more title at a city of the	Γ	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
۵	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
h	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a	-	<u> </u>
		11b	-	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.			
Sec	etion B. Type I Supporting Organizations	11c	<u> </u>	<u> </u>
	Aren Di Type i dapporting digunzations		T	Γ
1	Did the governing body members of the governing body affice a state in the institution of		Yes	No
٠	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	'		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization.	2	<u> </u>	L
	dion of Type it oupporting Organizations		T	
	Management of the second of th		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		ŀ	
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Ĺ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	_ 2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		ĺ
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			i
	those supported organizations and explain how these activities directly furthered their exempt purposes,			i
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ı
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	20		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu Part	V Type III Non-Functionally Integrated 509(a)(3) Support	ION, II	NC. 2	20-4089800 Page 6
L				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<u>1</u> N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
<u>3</u> C	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	Portion of operating expenses paid or incurred for production or			
	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 C	Other expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
<u> b A</u>	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
(∈	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
7 R	ecoveries of prior-year distributions	7		
<u>8 N</u>	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
5 lr	ncome tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		Type III supporting org	anization (see

instructions).

8 Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule A	(Form 990) 2023		THE	J.ORA	KETTH	FOUND.	ATTON,	INC.	20-4089800 Page	8
Part VI	11110 1, 1 dit 17, 00	5, 6, and 8	11150 & all	u o. Fail	iv. Secuuli i	T. BUES IC. /	'A ZD 58 8	110.30° P20 V 1106	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ey additional information.	
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Schedule A (Form 990) 2023

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization THE TOBY KEITH FOUNDATION, INC.

Employer identification number 20-4089800

LPa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during a contrib		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
,	impermissible private benefit?		Yes
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreating	ion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Y
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a	2c
d			
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year	•	· ·
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling or	- f
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2d above :		
	and section 170(h)(4)(B)(ii)?	••••••	Yes
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS		•
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2

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	dule D (Form 990) 2023 THE TOB	Y KEITH FC	TAGNU	ION,	INC.			<u> 20-40</u>	89800) Page 2
Pa	rt III Organizations Maintaining (ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the	following tha	at make s	significant	use of its		
	collection items (check all that apply).			·	ŭ		J			
а	Public exhibition		d Lo	an or exc	hange progr	am				
b	Scholarly research				go prog.					
С	Preservation for future generations	`	O							
4	Provide a description of the organization's c	allactions and avala	in haw tha	. forman at						
5	During the year, did the organization solicit of	ollections and expla	minow mey	riuriner ir	ie organizati	ion's exe	mpt purpo	ise in Par	t XIII.	
3	to be said to raise funds rether then to be re-	i receive donations	or art, nisto	oricai trea:	sures, or oth	ier similai	rassets	_	٦	
Da	to be sold to raise funds rather than to be m	aintained as part of	the organiz	ation's co	ollection?			<u> L</u>	Yes	No_
1 41	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	rt V line 21	ete if the org	ganization	answered "	Yes" on	Form 990,	Part IV, I	ine 9, or	
та	Is the organization an agent, trustee, custod	ian, or other interme	diary for co	ontribution	ns or other a	ssets no	t included	_	_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	le:			,			
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	crow or cu	stodial acco	ount liabil	ity?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII						•			<u> </u>
Par		the organization an	swered "Ye	s" on For	m 990, Part	IV. line 1	0.			
		(a) Current year	(b) Prio		(c) Two yea		(d) Three y	ears back	(e) Four v	ears back
1a	Beginning of year balance			,	(-)		(-)		(0) (00.)	- Caro Suon
	Contributions							-		
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
								·····		
е	Other expenditures for facilities					1				
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g, d	column (a)) held as:					
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held ar	nd administe	red for th	ne			
	organization by:								\[\frac{1}{2}\]	es No
	(i) Unrelated organizations?								3a(i)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sch	edule R?	•••••		•••••		3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wmant fun	de	•••••		•••••	•••••	[SD]	
Par	t VI Land, Buildings, and Equipm	ent	William Idil	чэ.						
	Complete if the organization answere) Part IV li	ne 11a S	ee Form 990) Part Y	line 10			
	Description of property	(a) Cost or o			· · · · · · · · · · · · · · · · · · ·					
	Description of property	basis (investr		(b) Cost	3		cumulate	a	(d) Book	value
	1		nem)	basis (otrier)	aep	reciation			
	Land									
	Buildings			LU,33.	2,174.	2,6	538,24	13.	7 <u>,693</u>	<u>,931.</u>
	Leasehold improvements									
d	Equipment				6,423.		3,49			<u>,930.</u>
	Other				2,050.	9	57,78			<u>,263.</u>
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c,	column	(B))				7,711	,124.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII....

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Schedule D (Form 990) 2023

Part X	e D (Form (III Sup	990) pler	2023 nental In	form	THE TOBY ation (continue	<u>KEITH F</u> (ed)	OUND.	ATION,	INC.		20-408	9800	Page 5
					OTHER AD								
FAIR	MARK	ET	VALUE	OF	DONATED	AUCTION	AND	RAFFLE	ITEMS	SOLD			
									- 100 to		Mar I		
								, , , , , , , , , , , , , , , , , , , ,					
				-									

	·····					· · · · · · · · · · · · · · · · · · ·							
			•					······································				· · · · · · · · · · · · · · · · · · ·	
												·	
	·····											<u> </u>	
				····									
								-					

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

У КЕТФН ЕОПИПАФТО	N T	NC			ntification number
Complete if the organization answ					
ed funds through any of the follow e Solicit f Solicit g Speci- r oral agreement with any individu art VII) or entity in connection with iduals or entities (fundraisers) pur-	tation of a tation of g al fundra al (includ professi	non-g gover ising ling o onal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, orYes	
(ii) Activity	or cont	rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	Yes	No			
			~		
		'			
		utions	or has been notified	I it is exempt from re	egistration
	Complete if the organization answer and funds through any of the follow e Solicit f Solicit g Special	complete if the organization answered "Y ed funds through any of the following active Solicitation of Good Special fundra Toral agreement with any individual (includint VII) or entity in connection with professiciduals or entities (fundraisers) pursuant to organization. (iii) Activity Yes	complete if the organization answered "Yes" of the following activities. e Solicitation of non-g of Solicitation of gover g Special fundraising or oral agreement with any individual (including of art VII) or entity in connection with professional fiduals or entities (fundraisers) pursuant to agree organization. (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No	ed funds through any of the following activities. Check all that apply e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events r oral agreement with any individual (including officers, directors, truent VII) or entity in connection with professional fundraising services? (iduals or entities (fundraisers) pursuant to agreements under which organization. (ii) Activity (iii) Did fundraiser developed or control of contributions? Yes No	Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-Eze of funds through any of the following activities. Check all that apply. e

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 THE TOBY KEITH FOUNDATION, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr		rez, lines i and ob. cist e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TK&FRIENDS	SCHOONER		1 ''
			GOLF TOURNAM	FALL CLASSIC	2	(add col. (a) through
ø.			(event type)	(event type)	(total number)	col. (c))
ž						
Revenue	1	Gross receipts	1,911,591.	76,000.	358,658.	2,346,249.
ď	'	aross receipts	<u> </u>	70,000.	330,030.	2,340,243.
	,	Less: Contributions	1,458,309.	60,625.	206 022	1 014 067
	_	Less. Contributions	1,430,303.	00,023.	296,033.	1,814,967.
	2	Gross income (line 1 minus line 2)	453,282.	15 275	(2 (25	F31 303
	٥	Cross income (line 1 minus line 2)	433,404.	15,375.	62,625.	531,282.
	1	Cash prizes	10,000.			10 000
	4	Oddir prized	10,000.			10,000.
	-	Noncoch prizes	241 647	250	10 550	050 447
S	3	Noncash prizes	241,647.	250.	10,550.	252,447.
nse	_	Dont/focility costs	10 444		20 500	F4 040
Direct Expenses	О	Rent/facility costs	18,444.		32,599.	51,043.
m H	-	Food and become	74 400		1 506	75 000
ire	′	Food and beverages	74,423.		1,506.	75,929.
	_	Entartainmant	22 000			22 000
		Entertainment			CO 240	33,000.
	9	Other direct expenses			68,348.	
	10		, ,			595,329.
Pa	rt I	Net income summary, Subtract line 10 from li	ne 3, column (a)	000 D-11/1 - 10		-64,047.
1 0	,,,,,		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				T
re			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billigo/progressive billigo		col. (a) through col. (c))
Re						
		0				
	_1	Gross revenue				
ses		Gross revenue Cash prizes				
enses	2	Cash prizes				
Expenses	2					
ect Expenses	2	Cash prizes Noncash prizes				
Direct Expenses	2	Cash prizes				
Direct Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs				
Direct Expenses	2 3 4	Cash prizes Noncash prizes				
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	Yes%	Yes%	`
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	☐ Yes%	Yes%	Yes% No	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No	No	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	
Direct Expenses	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No S in column (d)	No	No	
Direct Expenses	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No S in column (d)	No	No	
	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No 5 in column (d) from line 1, column (d)	No	No	
9	2 3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 5 in column (d) from line 1, column (d) cts gaming activities:	No	No	
9 a	2 3 4 5 6 7 8 Ent Is th	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming actions.	No 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these	No No states?	No	Yes No
9 a	2 3 4 5 6 7 8 Ent Is th	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these	No No states?	No	Yes No
9 a	2 3 4 5 6 7 8 Ent Is th	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming actions.	No 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these	No No states?	No	Yes No
9 a b	2 3 4 5 6 7 8 Ent ls til	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct de organization licensed to conduct gaming act No," explain:	No 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these	No No states?	No	
9 a b	2 3 4 5 6 7 8 Ent ls til lf "I' We	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain: ere any of the organization's gaming licenses researched.	No 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these voked, suspended, or te	states?	No	
9 a b	2 3 4 5 6 7 8 Ent ls til lf "I' We	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct de organization licensed to conduct gaming act No," explain:	No 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these voked, suspended, or te	states?	No	
9 a b	2 3 4 5 6 7 8 Ent ls til lf "I' We	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain: ere any of the organization's gaming licenses researched.	No 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these voked, suspended, or te	states?	No	

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 THE TOBY KEITH FOUNDATION, INC.	20-4089800 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
, , , , , , , , , , , , , , , , , , ,	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
·	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	•
·	
332083 09-13-23	Schedule G (Form 990) 2023

Schedule G (Form 990)	THE TOBY KEITH	FOUNDATION,	INC.	<u>20-4089800</u>	Page 4
Schedule G (Form 990) Part IV Supplemental Inf	formation (continued)				
				···	
				· · · · · · · · · · · · · · · · · · ·	

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

THE TOBY KEITH FOUNDATION, INC.

	Employer identification number
i	20-4089800

Part I Excess Bene	efit Transact	ions (section 5	01(c)(3	3), sect	ion 501(c)(4), and se	ctio	n 501(c)(29) orga	ınizati	ons o	n i y)			
					art IV, line 25a or 25l								
1 (a) Name of disqualified p	(b)	Relationship bet			lified	- \ Da	escription of tran	oootic	.n		(d)	Corre	cted?
(a) Name of disqualified p	person	person and or	rganiza	ation	(0	., DE	escription of tran	Sacuc)		Y	es	No
													······
(2)													
(3)													
(4)							····						
(5)													
_(6)													
2 Enter the amount of tax i	•	•	_		•	_	,						
section 4958									\$				
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the or	ganization				\$				
Part II Loans to and	Nor Erom In	torostad Dar	0000										
						_							
					, Part V, line 38a, or	Forn	n 990, Part IV, lir	ne 26;	or if t	he orga	anizat	ion	
reported an amo				an to or		Γ			. 1	(h) Ani	proved	47.14	
(a) Name of interested person	(b) Relationship with organization		fron	n the	(e) Original principal amount	(f)) Balance due	(g) defa) In sult2	by bo	ard or	(1) **	ritten ment?
miles established to the second	Will of gamzation	01.104.1	1	zation?	principal amount				Γ	comm			
			То	From				Yes	No	Yes	No	Yes	No
(1)			ļ			-							ļ
(2)			1										-
(3)									ļ				
(4)	<u> </u>												
<u>(5)</u> (6)													<u> </u>
(7)													
(8)													
(9)			 										
(10)						ļ							
Total					\$	l			L	ļ'			
Part III Grants or As	sistance Be	nefiting Inter	este	d Pe				····		L			
Complete if the c		•											
(a) Name of interested p		(b) Relationship			(c) Amount of		(d) Type	of		(e)	Purn	ose of	 f
(a)		interested pers			assistance		assistan				assista		
		the organiza	ation										
(1)													
(2)													
(3)		,,,,,	**										
(4)													
(5)													
(6)													
(7)										_			

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

Schedule L (Form 990) 2023

__(8) __(9) __(10) Schedule L (Form 990) 2023 THE TOBY KEITH FOUNDATION, INC. 20-4089800 Page 2

Part IV Business Transactions Involving Interested Persons

Complete if the organization answe (a) Name of interested person	(b) Relation	onship between and the orga	en interes	sted	(c) Amou transac		, , ,	scription of saction	(e) Sha organiz rever	ation's
									Yes	No
(1)BELMAR GOLF LLC	BOARD	MEMBER	HAS	IN	34	,927.	GOLF	COURSE		Х
(2)TOKECO INC		MEMBER		IN	32			BURSEME		X
(3)SOONER WIRELESS	BOARD	MEMBER	HAS	IN		440.	FEES	FOR WE		X
(4)			· · · · · · · · · · · · · · · · · · ·							
(5)				-						
<u>(6)</u> <u>(7)</u>				-						
(8)									,	
(9)										
(10)										
Part V Supplemental Information			-							
SCH L, PART IV, BUSINESS (A) NAME OF PERSON: BELM (B) RELATIONSHIP BETWEEN BOARD MEMBER HAS INTERES (C) AMOUNT OF TRANSACTIO (D) DESCRIPTION OF TRANS TOURNAMENTS PAID TO ORGA INTEREST (E) SHARING OF ORGANIZAT	AR GOLF INTERES T N \$ 34,9 ACTION:	LLC STED PE	RSON OURSI	ANI	ORGAN	NIZAT	TION:	GOLF		
(A) NAME OF PERSON: TOKE	CO INC									
(B) RELATIONSHIP BETWEEN	INTERES	STED PE	RSON	AND	ORGAN	IIZAT	'ION:			
BOARD MEMBER HAS INTERES	Т									
(C) AMOUNT OF TRANSACTIO	N \$ 32,8	841.		.,						ė
(D) DESCRIPTION OF TRANS	ACTION:	REIMBU	RSEME	ENT	OF EME	LOYE	E BEN	EFITS .	AND	
VARIOUS FUNDRAISING EXPE	NES PAII	O TO OR	GANIZ	ZATI	ON IN	WHIC	H BOA	ARD MEM	BER	
MAINTAINS AN INTEREST										
(E) SHARING OF ORGANIZAT	ION REVI	ENUES? :	= NO							
(A) NAME OF PERSON: SOON	ER WIRE	LESS								

Schedule L (Form 990) THE TOBY KEITH FOUNDATION, INC. 20-4089800 Page 2 Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER HAS INTEREST
(C) AMOUNT OF TRANSACTION \$ 440.
(D) DESCRIPTION OF TRANSACTION: FEES FOR WEBSITE MAINTENANCE PAID TO AN
ORGANIZATION IN WHICH BOARD MEMBER MAINTAINS AN INTEREST
(E) SHARING OF ORGANIZATION REVENUES? = NO

332461 04-01-23

Schedule L (Form 990)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE TOBY KEITH FOUNDATION, INC.

Employer identification number 20-4089800

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	 s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		15,920.	FAIR MARKET	VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock					· · · · · · · · · · · · · · · · · · ·		
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures			1				
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	119	68,864.	FAIR MARKET	VA	LUE	
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SPORTING/ENTERT)	Х	64	52,973.	FAIR MARKET	VA	LUE	
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, [Oonee Acknowledg	gement29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contrib	utions?	31		X
32a	Does the organization hire or use third parties	-						
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	ty for which column (a) is che	ecked,			
	describe in Part II.	(5)	-7F - 3. F. SPOR	,	- •			
For F	Paperwork Reduction Act Notice, see the Inst	tructions fo	r Form 990.		Schedule N	l (Forr	n 990)	2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	THE TOBY	KEITH	FOUNDAT	ION,	INC.	20-4089800	Page 2
Part II	Supplemental is reporting in Part this part for any actions and the supplemental su	Information.	Provide the number of o	information requ contributions, the	uired by F e number	Part I, lines 3 r of items re	30b, 32b, and 33, and whether the organiz ceived, or a combination of both. Also con	ration nplete
 								
								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			7-7-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8					
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		4						

332142 09-11-23

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> THE TOBY KEITH FOUNDATION, INC.

Employer identification number 20-4089800

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN ORDER TO OPERATE THE "OK KIDS KORRAL". THIS STATE OF THE ART
FACILITY PROVIDES TEMPORARY HOUSING FOR FAMILIES OF PEDIATRIC CANCER
PATIENTS WHO MUST LEAVE THEIR OWN COMMUNITIES IN ORDER TO RECEIVE
MEDICAL TREATMENT IN THE OKLAHOMA CITY AREA. THE ORGANIZATION ALSO
CONTINUES TO SUPPORT THE LOCAL CHARITIES IN THE NORMAN, OKLAHOMA AREA
AND THROUGHOUT THE STATE OF OKLAHOMA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORDER TO RECEIVE MEDICAL TREATMENT IN THE OKLAHOMA CITY AREA. THE
ORGANIZATION ALSO CONTINUES TO SUPPORT THE LOCAL CHARITIES IN THE
NORMAN, OKLAHOMA AREA AND THROUGHOUT THE STATE OF OKLAHOMA.
FORM 990, PART VI, SECTION A, LINE 2:
DIRECTORS TOBY COVEL AND TRICIA COVEL HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD FOR REVIEW BEFORE FILING
OF THE TAX RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
THE TREASUER REGULARLY AND CONSISTENTLY MONITORS THE POLICY BY REVIEWING
THE BUSINESS TRANSACTIONS DURING THE YEAR.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 0 (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization THE TOBY KEITH FOUNDATION, INC.	Employer identification number 20-4089800
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2 C	
THE ORGANIZATION OPENED THE "OK KIDS KORRAL" FACILITY IN	JANUARY 2014
AND IS CURRENTLY OPERATING THE FACILITY ON A DAY TO DAY E	BASIS
THROUGHOUT THE YEAR.	
·	
332212 11-14-23	Schedule 0 (Form 990) 2023

2023 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation		2,638,243.	2,638,243.		950,259.	4,917.	2,611.	957,787.		564.	830.	2,099.	3 493		,599,523.		3,597,424.	2,099.	on, GO Zone
	Current Year Deduction		264,928.7	264,928.2		0	893.	812.	1,705.		0	224.	2,099.	2 323	1	268,956.3		<u> m</u>		* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense																			ercial Revita
	Beginning Accumulated Depreciation		2,373,315.	2,373,315.		950,259.	4,024.	1,799.	956,082.		564.	606.		1 170	•	3,330,567.		3,330,567.	0.	Bonus, Comr
	Basis For Depreciation		10332174.	10332174.		950,259.	7,151.	4,640.	962,050.		564.	1,166.	14,693.	16 423) 1 1 1	11310647.		11295954.	14,693.	ITC, Salvage,
`	Reduction In Basis																	0	0.	*
	Section 179 Expense							1. V-					-							
990	Bus % Excl					:		ja:										-		pesoc
	Unadjusted Cost Or Basis		10332174.	10332174.		950,259.	7,151.	4,640.	962,050.		564.	1,166.	14,693.	16 423	1	11310647;		11295954.	14,693.	(D) - Asset disposed
	o C No. No.		MM17			HY17	HY17	HY17			MQ17	HY17	HY19C							
	Life		39.00	-		7.00	7.00				2.00	5.00								
	Method						200DB	200DB			200DB		200DB							
	Date Acquired		01/01/14 SL	· · · · · · · · · · · · · · · · · · ·		01/01/14 200DB	02/18/20 200DB	05/18/21 200DB 7.00			11/27/13	12/17/21 200DB	03/16/23 200DB 7.00							
FORM 990 PAGE 10	Description	BUILDINGS	COMMERCIAL	* 990 PAGE 10 TOTAL BUILDINGS	FURNITURE & FIXTURES	FURNISHINGS	CUSTOM COMMERCIAL SOFA	S	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES	MACHINERY & EQUIPMENT	HP PRO 400 PRINTER	DESKTOP COMPUTER	EXERCISE EQUIPMENT	* 990 PAGE 10 TOTAL	* GRAND TOTAL 990 PAGE 10	DEPR	CURRENT YEAR ACTIVITY	BEGINNING BALANCE	ACQUISITIONS	4-01-23
FORM 9	Asset No.		r			4	S	9			73	7	&							328111 04-01-23
het .																				-

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

2023 DEPRECIATION AND AMORTIZATION REPORT

Method Life 0, the Cost of Basis 2, Station 19 Headed 19	۵ ا	FORM 990 PAGE 10	Č					066		* -					
0. 0. 0. 0. 0. 0. 0. 11310647. 1310.		Description	Date Acquired	Method	i	30E>	to. Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11310647. B, 330, 567. B, 530, 567. B, 599, 523. B, 599, 523. B, 599, 523. B, 599, 523. B, 599, 599, 599, 599, 599, 599, 599, 5		DISPOSITIONS/RETIRED					Ċ	÷		0	.0	0			.0
	ENI	DING BALANCE					11310647.			o	11310647.	,330,567.			3,599,523.
	EN	DING ACCUM DEPR						:				,599,523.			
	EN	DING BOOK VALUE										,711,124.			
								- 1 - 1							
					-										
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												-			

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

	IE TOBY KEITH FOUNDAT art Election To Expense Certain Propert				PAGE 10	t V before v	20-4089800
	Maximum amount (and in the call)						· · · · · · · · · · · · · · · · · · ·
			:t			• • • • • • • • • • • • • • • • • • • •	1,160,000.
	Total cost of section 179 property place						2 200 200
	Threshold cost of section 179 property		2,890,000.				
	Reduction in limitation. Subtract line 3 for						
	Dollar limitation for tax year, Subtract line 4 from line		1				
6	(a) Description of pro	perty	(b) Cost (busi	ness use only)	(c) Elected	cost	
	Listed property. Enter the amount from						
8	Total elected cost of section 179 proper	ty. Add amounts	s in column (c), lines 6 and	I 7		8	
9	Tentative deduction. Enter the smaller of	of line 5 or line 8				9	
	Carryover of disallowed deduction from						
	Business income limitation. Enter the sn						
	Section 179 expense deduction. Add lin					12	
	Carryover of disallowed deduction to 20			13			
	te: Don't use Part II or Part III below for li						
	art II Special Depreciation Allowar						
14	Special depreciation allowance for quali-	fied property (oth	ner than listed property) p	laced in serv	ice during		
	the tax year						
15	Property subject to section 168(f)(1) elec	ction		•••••		15	
				· · · · · · · · · · · · · · · · · · ·		16	
Pa	art III MACRS Depreciation (Don't i	nclude listed pro	perty. See instructions.)				
			Section A				
17	MACRS deductions for assets placed in	service in tax ye	ears beginning before 202	3	······	17	266,857.
18	If you are electing to group any assets placed in serving	ce during the tax year	into one or more general asset acc	ounts, check her	e		+ 111
	Section B - Assets F	Placed in Servic	e During 2023 Tax Year	Usina the G	eneral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recover period	y (e) Convention	(f) Method	(g) Depreciation deduction
19a		year placed	(business/investment use	(d) Recover	y (e) Convention	(f) Method	
19a b	3-year property	year placed	(business/investment use	(d) Recover	y (e) Convention	(f) Method	
	3-year property 5-year property	year placed	(business/investment use	(d) Recover period	(e) Convention	(f) Method	(g) Depreciation deduction
b	3-year property 5-year property 7-year property	year placed	(business/investment use only - see instructions)	(d) Recover period	(e) Convention		
b c	3-year property 5-year property 7-year property 10-year property	year placed	(business/investment use only - see instructions)	(d) Recover period	(e) Convention		(g) Depreciation deduction
b c d	3-year property 5-year property 7-year property 10-year property	year placed	(business/investment use only - see instructions)	(d) Recover period	(e) Convention		(g) Depreciation deduction
b c d	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	year placed	(business/investment use only - see instructions)	(d) Recover period	(e) Convention		(g) Depreciation deduction
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed	(business/investment use only - see instructions)	(d) Recover period 7 YRS 25 yrs.	. HY	200DB	(g) Depreciation deduction
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed	(business/investment use only - see instructions)	(d) Recover period 7 YRS 25 yrs. 27.5 yrs	• HY	200DB	(g) Depreciation deduction
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	year placed	(business/investment use only - see instructions)	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs	. HY . MM	200DB S/L S/L S/L	(g) Depreciation deduction
b c d e f	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	year placed	(business/investment use only - see instructions)	(d) Recover period 7 YRS 25 yrs. 27.5 yrs	• HY	200DB S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	year placed in service	(business/investment use only - see instructions) 14,693.	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs.	• HY . MM . MM . MM	200DB S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	year placed in service	(business/investment use only - see instructions)	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs.	• HY . MM . MM . MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	year placed in service	(business/investment use only - see instructions) 14,693.	(d) Recover period 7 YRS 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter	• HY . MM . MM . MM	S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	year placed in service	(business/investment use only - see instructions) 14,693.	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. sing the Alte	. HY . MM . MM . MM . MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Place 12-year 30-year	year placed in service	(business/investment use only - see instructions) 14,693.	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. sing the Alter 12 yrs. 30 yrs.	. HY . MM . M	S/L	(g) Depreciation deduction
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Plance Class life 12-year 30-year	year placed in service	(business/investment use only - see instructions) 14,693.	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. sing the Alte	. HY . MM . MM . MM . MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Plance Class life 12-year 30-year 40-year Art IV Summary (See instructions.)	year placed in service / / / / aced in Service	(business/investment use only - see instructions) 14,693. During 2023 Tax Year U	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. sing the Alter 12 yrs. 30 yrs. 40 yrs.	. MM	S/L (g) Depreciation deduction	
b c d e f g h i Pa	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year 40-year Art IV Summary (See instructions.) Listed property. Enter amount from line	year placed in service / / / / acced in Service	(business/investment use only - see instructions) 14,693. During 2023 Tax Year U	(d) Recover period 7 YRS 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 30 yrs. 40 yrs.	. HY . MM . M	S/L	(g) Depreciation deduction
b c d e f g h i Pa	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year 40-year Art IV Summary (See instructions.) Listed property. Enter amount from line and to the summary of the summa	year placed in service / / / aced in Service / / 4 through 17, lin	(business/investment use only - see instructions) 14,693. During 2023 Tax Year U	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. sing the Alter 12 yrs. 30 yrs. 40 yrs.	. HY . MM . M	200DB S/L S/	(g) Depreciation deduction 2,099.
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Plant Class life 12-year 30-year 40-year Art IV Summary (See instructions.) Listed property. Enter amount from line of the sum of the appropriate lines of the sum of the	year placed in service / / / / aced in Service / / / aced in Service	During 2023 Tax Year U es 19 and 20 in column (gartnerships and S corpora	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. sing the Alter 12 yrs. 30 yrs. 40 yrs.	. HY . MM . M	200DB S/L S/	(g) Depreciation deduction
b c d Pa 221 222	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year 40-year Art IV Summary (See instructions.) Listed property. Enter amount from line and to the summary of the summa	year placed in service / / / aced in Service / / / at through 17, lin of your return. Parenting the	During 2023 Tax Year U es 19 and 20 in column (gartnerships and S corpora	(d) Recover period 7 YRS 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. sing the Alter 12 yrs. 30 yrs. 40 yrs.	. HY . MM . M	200DB S/L S/	(g) Depreciation deduction 2,099.

THE TOBY KEITH FOUNDATION, Form 4562 (2023) 20-4089800 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (c) (e) (i) (a) (d) (f) (g) Date Business/ Basis for depreciation Elected Type of property Recovery Depreciation Cost or Method/ placed in investment (business/investment section 179 (list vehicles first) deduction other basis period Convention service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ... 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 year (don't include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 _____ 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI | Amortization (a) (b) (d) (e) (f) (c) Amortizable amount Description of costs Amortization for this year begins period or percentage

Part VI Amortization

(a)

Description of costs

(b)
Date amortization
begins

(c)
Amortizable
amount

(d)
Code
Section
Period of percentage
Amortization
for this year

42 Amortization of costs that begins during your 2023 tax year:

43 Amortization of costs that began before your 2023 tax year

44 Total, Add amounts in column (f). See the instructions for where to report

45 Amortization and the covered verifices.

(d)
(e)
Amortization
Amortization
For this year
Amortization
for this year

43

44 Total, Add amounts in column (f). See the instructions for where to report

44

2023 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR FEDERAL - :

THE TOBY KEITH FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS 3COMMERCIAL BUILDING010114SL	010114		39.0017	17	0332174.			10332174.	2373315.		9.2.8
	ય્ર					0332174		o	0332174	373315		64,92
•	4FURNISHINGS	010114	4200DB7.0	0	17	950,259.			950,259.	950,259.		• 0
	SSOFA SALFAN COMPORT	021820200DB7.0	200DB		17	7,151.			7,151.	4,024.		893.
		051821200DB7.00	200DB		17	4,640.			4,640.	1,799.		812.
	RNITURE & FI CHINERY &					962,050.		0	962,050.	956,082.		1,705.
	2HP PRO 400 PRINTER	112713	3200DB5.00		17	564.		-	564.	564.		0.
• .	7DESKTOP COMPUTER	121721200DB5.00	200DB		17	1,166.			1,166.	.909	, ,	224.
	SEXERCISE EQUIPMENT	031623200DB7.00	200DB		190	14,693.			14,693.	•		2,099.
	ACHINERY & EQ					16,423.		0	16,423.	1,170.		2,323.
	GE 10 DEPR				H	.1310647.		0	11310647.	3330567.	"	268,956.
	CURRENT YEAR ACTIVITY								2			
	BEGINNING BALANCE					.1295954.		0	11295954.	3330567.		
	ACQUISITIONS				\dashv	14,693.		0	14,693.	0		

(D) · Asset disposed

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

THE TOBY KEITH FOUNDATION, INC.

Current Year Deduction										
Current Sec 179									• • • • • • • • • • • • • • • • • • • •	
Accumulated Depreciation	0	3330567.								
Basis For Depreciation	0	11310647.								
Reduction In Basis	0.	0				-				
Bus % Excl										
Unadjusted Cost Or Basis	0	11310647.		-						
Line No.		-					 	 		
Life										
Method								 		
Date Acquired										
Description	DISPOSITIONS	ENDING BALANCE								-23
Asset No.										328102 04-01-23

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. 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. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Print THE TOBY KEITH FOUNDATION, INC. 20-4089800 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 818 N.E. 8TH STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions OKLAHOMA CITY, OK 73104 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of STACEY RILEY 1025 E. INDIAN HILLS ROAD - NORMAN, OK 73071 Telephone No. (405) 447-3813 Fax No. (405) 447-3816 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 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or ___ tax year beginning _____, 20 ____, and ending __ 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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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.

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0.







PA	RT 1 For the year January 1 - December 31, 2023, or other taxable year beginning: 2023 ending:							
Nam	e of Organization Federal Employer Identification Number	Date Qualified for Tax Exempt Status						
ſπ	HE TOBY KEITH FOUNDATION, INC. 20-4089800	01/07/2006						
	ress (Number and Street)	01/01/2000						
	18 N.E. 8TH STREET							
City	State or Province Country	ZIP or Foreign Postal Code						
	KLAHOMA CITY OKLAHOMA	73104						
Pla	Place an 'X' if: (1) Initial Return (2) Final Return (3) Amended return (See Schedule 512-E-X on page 2)							
	RT 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME tasse read instructions on pages 3-4) Total Federal	Allocable Oklahoma						
A	Total unrelated trade or business income - applicable Federal Form(s) 990							
В	Total unrelated trade or business deductions - applicable Fed. Form(s) 990							
С	Unrelated business taxable income - enter here and on line 1 below							
INC	COME SUBJECT TO TAX							
\mathbb{H}	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1 00						
2	Other net income · provide schedule	2 00						
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3 00						
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4 00						
TAX	(COMPUTATION							
5	Tax at 4% of line 4. If trust - see rate schedule on page 3 and place an '1' in the box.							
	If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and							
	68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	5 00						
6	Less: Other Credits Form (total from Form 511-CR)	6 00						
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7 00						
8	2023 Oklahoma estimated tax and extension payments and prior year carryforward	8 00						
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9 00						
10	Amount paid with original return and amount paid after it was filed (amended return only)	10 00						
11	Any refunds or overpayment applied (amended return only)	11 ()00						
12	Total of lines 8 through 11	12 00						
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13 00						
14	Amount of line 13 to be credited to 2024 estimated tax (original return only)	14 00						





2023 Form 512-E · Page 2

Oklahoma Return of Organization Exempt from Income Tax

Name of Organization: THE TOBY KEITH FOUNDATION, INC.	Federal Employ	ver Identification Number: 9800
Amount from line 14 of Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Okla organizations. Place the line number of the organization from page 4 of this form in the box below the amount you are donating. If giving to more than one organization, put a "99" in the box and a schedule showing how you would like your donation split.	ahoma w and enter	000
15 Donations from your refund \$2 \$5 \$ \$	15	00
16 Add lines 14 and 15 and enter amount	1 12/20	00
Amount to be refunded to you (line 13 minus line 16)		00
Direct Deposit Note: All refunds must be by direct deposit. See Direct Deposit Information on page 5 for details. By this refund going to or through an account that is located outside Deposit my refund in my: Checking Account Routing Number: Account Number:	Savings A	
18 Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due 18	00
For delinquent payment, add penalty of 5% plus interest at 1.25% per month	19	00
20 Underpayment of estimated tax interest	zed 20	00
21 Total tax, penalty and interest due - Add lines 18-20; pay in full with return		
Under penalty of perjury, I declare the information contained in this document, attachments and schedules are the and belief. Signature of Officer or Trustee Printed Name RANDAL K. HATFIELD Title Phone Number REASURER 8592334146 Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. RANDAL K. I Printed Name of Preparer RANDAL K. I	HATFIELD HATFIELD	Date
SCHEDULE 512-E-X: AMENDED RETURN SCHEDULE (See instructions on page 3)		
A Did you file an amended Federal income tax return? Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refure B If this return is being filed due to a Federal audit, provide a complete copy of the RAR. C Explanation or reason for amended return (provide all necessary schedules):	nd check or dep	oosit slip.