

AGENDA
Board of Directors Regular Meeting
Tulsa County Conservation District
6660 S. Sheridan Rd. Suite 120
Tulsa, OK 74133
November 14, 2019 - 4:00 PM

1. Meeting called to order
2. Roll Call
3. Consider, Discuss, and Take possible action on the following agenda items:
 - A. Approval of Minutes from the October 17, 2019 Regular Meeting
 - B. Approval of Financial Statements & District Budget for Period Ending October 31, 2019
 - C. Review of TACF Financials for Periods from October 31, 2019
 - D. Approval of District Reimbursement Claims and Payment of Bills Owed by the District
 - E. Approval of District Employee Timesheet & Leave Records for the Month of October 2019
4. Consideration of and Possible Action on Items to be Removed Consent Agenda:
5. Cost Share Program Year 21
 - A. Discussion and Notification of Additional Soil Health Practice
6. Discussion and/or Possible Action on the Following District Operation Items:
 - A. Discussion and Acceptance of District Conservationist Agency Report
 - B. Discussion and Approval of the NRCS Farm Bill Performance Worksheet
 - C. Discussion of the TCCD Monthly Activities and Outreach Report
 - D. Discussion and Approval of Notice of Schedule of Regular Meetings for Calendar Year 2020
 - E. Discussion and Approval of Notice of Newly Elected Officers
 - F. Discussion and Approval of Adding and Removing Current and Former Board Members to the Arvest Bank Signatories
7. Proposed Executive Session:

Vote in open session to enter Executive Session, as authorized by Title 25 O.S. Section 307 (B) (1). To discuss Gabriel Parker performance review.

If the executive session is approved, designate in open session the person keeping minutes.

 - B. Return to open session and establishment of quorum. Take any action or entertain a motion related to executive session described above.
8. New Business:
9. Public Comments:
10. Adjourn:

Next regularly scheduled meeting is December 12, 2019 at the Tulsa County Conservation District Office: 6660 South Sheridan Rd, Suite 120 Tulsa, OK 74133




Tulsa County Conservation District
6660 S. Sheridan Road Suite 120 Tulsa, Oklahoma 74133
918-877-9566 Fax: 1-855-421-7632 E-Mail: Tulsaccd@conservation.ok.gov

STATEMENT OF APPROVAL OF MINUTES

I certify that the minutes of the meeting of the Tulsa County Conservation District Board of Directors held on **November 14, 2019** were approved as written by a vote in the **Special Meeting** of the Board of Directors held **December 18, 2019**



Chair, Board of Directors



Date

Attest:



**Minutes
Tulsa County Conservation District
6660 S. Sheridan Rd., Suite 120 Tulsa, OK 74107
Regular Board Meeting**

Date: November 14, 2019

Time: 4:00 PM

Members Present: Jana Black, Vice Chairwoman
Tom Tolbert, Member
Sherry Laskey, Member

Members Absent: Zach Kilburn, Treasure
Fred Storer, Member

Others Present: Christopher Best, NRCS District Conservationist
Gabriael Parker, District Secretary

1. Meeting Called to Order:

Vice Chairwoman, Jana Black called the meeting to order at 4:08 PM. She noted this was a regular meeting and held in compliance with the Open Meeting Act, Title 25 of the Oklahoma Statutes, Section 301 and following, as amended. Notice of this meeting is on file with the county clerk's office. The agenda for this meeting was posted on November 12, 2019 in the front window 6660 S. Sheridan Rd., Suite 120 Tulsa, OK 74133

2. Roll Call

3. Consider, Discuss, and Take possible action on the following agenda items:

- A. Approval of Minutes from the October 17, 2019 Special Meeting**
- B. Approval of Financial Statements & District Budget for Period Ending October 31, 2019**
- C. Review of TACF Financials for Periods from October 31, 2019**
- D. Approval of District Reimbursement Claims and Payment of Bills Owed by the District**
- E. Approval of District Employee Timesheet & Leave Records for the Month of October 2019**

After a brief discussion, Tom Tolbert made a motion to approve the consent agenda as presented. Sherry Laskey 2nd the motion. Nays: None. The motion carries.

4. Consideration of and Possible Action on Items to be Removed Consent Agenda
None

5. Cost Share Program Year 21

A. Discussion and Notification of Additional Soil Health Practice

Gabriel Parker said this was more of an FYI. The commission added the forage and biomass planting practice because it was not in the first set of approved practices. Gabriel said she was surprised it was not on the approved practices to beginning. No further action needed to be taken at this time.

7. Discussion and/or Possible Action on the Following District Operation Items:

A. Discussion and Acceptance of District Conservationist Agency Report

Gabriel Parker said she would try to give an NRCS report since Christopher Best was not here. She said NRCS continues to CTA General. A new EQIP and CSP program is set to begin in the next few weeks. This meant that staff would be busy in all six counties. Gabriel said she was not sure how many new applications the team has, but she can get those numbers when she talks to Chris again. Since this is not the official report, she did not think the board needed to accept anything. No further action needed to be taken at this time.

B. Discussion and Approval of the NRCS Farm Bill Performance Worksheet

After a brief discussion, Tom Tolbert made a motion to approve the NRCS Farm Bill Performance Worksheet. Sherry Laskey 2nd the motion. Nays: None. The motion carries.

Christopher Best entered the meeting at 4:28 PM

C. Discussion of the TCCD Monthly Activities and Outreach Report

Gabriel Parker said it was a relatively quiet month. Gabriel said she and Chris Best attended the Full Circle Citizenship Workshop in Miami hosted by Blue Thumb and OCC. She said it was a great introduction for people who are not familiar with water quality and soil health concepts. The workshop included a trip to a nearby creek. At first, she did not want to go because it was rainy and very cold out that morning, but she was very glad she did. It was a lot of fun to get out there and see some of the macroinvertebrates and fish Cheryl Cheadle had been talking about earlier in the morning.

Gabriel also attended the Mayhem in the Meadow event @Crow Creek. She said when we discussed it earlier in the month, she thought Cheryl was going to bring a maze type decoration to help create a scary mood for the meadow. Cheryl did not bring her decorations, so it did not feel like any mayhem was happening in the meadow. Me, Cheryl Cheadle, Rebecca Bond, Jean Lemmon tried to pull people into the meadow while they were walking around. The two hours she was there, we had five people come by and talk to us. It was not the best event. Gabriel said we could try to do something better next year. She liked the idea a real hunted maze.

Gabriel said there are some more activities on the report for November, but she will wait to talk about them at next months meeting. No further action needed to be taken at this time.

D. Discussion and Approval of Notice of Schedule of Regular Meetings for Calendar Year 2020

Gabriel Parker said it is time to set our 2020 meeting schedule. Jana Black asked why the meeting in February and March were in a different color. Gabriel said the ones in blue are a reminder to discuss changing the dates of those meetings. She suggested we push the February 13th meeting back a week to February 20th. She will be in the Philippines starting January 28th to February 11th for a honeymoon and will not have enough time to prep for that meeting. Gabriel said the 2020 Home and Garden Show is March 5th through March 9th, so it will not actually interfere with the board meeting on March 12th. It is not necessary to change that one, but she thought she would give the option if we needed to. The board said if it is not necessary to change the March meeting, we should not change it. Tom Tolbert made a motion to approve the 2020 Board Meeting Schedule as presented with the February 13th date changed to February 20th. Sherry Laskey 2nd the motion. Nays: None. The motion carries.

E. Discussion and Approval of Notice of Newly Elected Officers

Gabriel Parker said this form, in which she has never seen, was due by August 1st, 2019. Given that we have not had all board members present, Gabriel asked if they wanted to table this. Gabriel did mention that Zach Kilburn emailed her this morning to say he might need to resign because of how busy he was lately. Jana said if that is the case there would be no reason to push it out any further. Gabriel agreed. Jana said she would like to try her hand at being the treasure. She had been the Vice Chair for some time now, and by default, the Chair since we did not have one. Tom Tolbert said he would volunteer to be the Chair since it was not customary to give new board members roles other than members. Jana said since Zach may resign and he was the Treasure, we need to assign a Treasure. Sherry Laskey said she could be the Treasure if need be. However, she said she would rather wait until she has been on the board a little longer before she took on that role. Jana said she could serve as both the Vice Chair as well as the Treasure until we assign new rolls. Gabriel said, Tom rarely misses meetings, so she would only need to fill in occasionally. She agreed. Tom Tolbert made a motion to approve the Notice of Newly Elected Officers as discussed. Tom Tolbert as the Chair, Jana Black as the Vice-Chair and Treasure, and both Sherry Laskey and Fred Storer as members. Sherry Laskey 2nd the motion. Nays: None. The motion carries.

F. Discussion and Approval of Adding and Removing Current and Former Board Members to the Arvest Bank Signatories

Gabriel Parker said we need to update the signatory cards for Arvest Bank. We have some former board members on the accounts. We also have new members we need to add on the accounts. The board suggested we remove the former board members and add the new ones. Tom Tolbert made a motion to remove former board members and add new

board members (Fred Storer and Sherry Laskey) to the Arvest Bank signatory cards. Sherry Laskey 2nd the motion. Nays: None. The motion carries.

8. Proposed Executive Session:

Vote in open session to enter Executive Session, as authorized by Title 25 O.S. Section 307 (B) (1). To discuss Gabriel Parker performance review.

If the executive session is approved, designate in open session the person keeping minutes.

Jana Black said we could table this until the next meeting to see if Zach Kilburn will be in attendance. Sherry Laskey asked when the review is normally given. Gabriel said we usually do it in April. She asked why it had been so long. Jana said it was because we wanted to wait for all board members to be present. Both Sherry and Fred Storer were not here for the review in question to be able to give advice. Sherry understood, but she said we need to stop tabling this and do the review. She said it was not fair to Gabriel to have this pushed back so far. Tom said he agreed with Sherry 100%. It was not fair and since Zach may not be here in the immediate future, we should just do it and get it off the agenda. Tom Tolbert made a motion to enter Executive Session to discuss the performance review for Gabriel Parker, with all board members staying and Sherry Laskey taking minutes. Both Gabriel and Christopher Best were asked to leave the room for further discussion. Sherry Laskey 2nd the motion. Nays: None. The motion carries.

Entered Executive Session at 5:00 PM

B. Return to open session and establishment of quorum. Take any action or entertain a motion related to executive session described above.

Exited Executive Session at 5:40 PM

Upon return from Executive Session the board decided to give Gabriel Parker a \$0.50 raise. Gabriel said she was very much appreciative of the wage increase. Jana said we would need to vote on the raise in the next board meeting after we send a request to the Tulsa Area Conservation Foundation. Gabriel said she would put it on the next agenda for a vote. No Further action needed to be taken at this time.

9. New Business:

Christopher Best said we should think about dates for our Locally Led Meeting and Local Work Group Meeting. The board suggested we look at other places besides the OSU Extension Office. Sherry Laskey said we could try somewhere in North Tulsa. She said she would be able to get people who would be interested in NRCS programs to come, we just need to pick a day and time. She suggested an evening time because it is hard for a lot of folks to make it during the day. She suggested we look at the community centers or libraries. Gabriel said she did narrow some down, but many of them close at 6 PM. Sherry suggested either the Rudisill Regional Library or the Tulsa Health Department. Gabriel said she can call them tomorrow to see what might be available for the first week of December. Then, she would let the board know what is available.

10. Public Comments:

None

11. Adjourn:

Meeting Adjourned at 5:55 PM

Next regularly scheduled meeting is December 12, 2019 at the Tulsa County
Conservation District Office: 6660 South Sheridan Rd, Suite 120 Tulsa, OK 74133.

2:28 PM
11/05/19
Accrual Basis

Tulsa County Conservation District
Profit & Loss
July through October 2019

	<u>Jul - Oct 19</u>
Income	
Interest Income	1.20
OCC Cost-Share Reimbursements	3,207.60
OCC General Exp Reimbursements	1,081.67
OCC Salary Reimbursements	<u>11,650.75</u>
Total Income	15,941.22
Expense	
Administrative Expense	203.34
Advertising and Promotion	51.66
Cost-Share Payments	3,207.60
Employee Benefits	1,139.09
Internet	388.84
Outreach Programs	25.00
Payroll	10,498.80
Payroll Tax	3,816.00
Travel	<u>143.80</u>
Total Expense	<u>19,474.13</u>
Net Income	<u><u>-3,532.91</u></u>

2:26 PM
11/05/19
Accrual Basis

Tulsa County Conservastion District
Profit & Loss
October 2019

	<u>Oct 19</u>
Income	
Interest Income	0.30
OCC Cost-Share Reimbursements	3,207.60
OCC General Exp Reimbursements	356.91
OCC Salary Reimbursements	<u>2,324.23</u>
Total Income	<u>5,889.04</u>
Expense	
Cost-Share Payments	3,207.60
Employee Benefits	458.06
Internet	82.25
Payroll	904.63
Payroll Tax	960.99
Travel	<u>109.50</u>
Total Expense	<u>5,723.03</u>
Net Income	<u><u>166.01</u></u>

2:24 PM

11/05/19

Accrual Basis

Tulsa County Conservation District

Profit & Loss Detail

October 2019

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Income								
Interest Income								
Deposit	10/31/2019		Arvest	Interest Pay...		Arvest Checki...	0.28	0.28
Deposit	10/31/2019		Arvest	Interest Pay...		Arvest Special...	0.02	0.30
Total Interest Income							0.30	0.30
OCC Cost-Share Reimbursements								
Deposit	10/15/2019		OCC	Cost Share Y...		Arvest Checki...	3,207.60	3,207.60
Total OCC Cost-Share Reimbursements							3,207.60	3,207.60
OCC General Exp Reimbursements								
Deposit	10/7/2019		OCC	August Gene...		Arvest Checki...	231.61	231.61
Deposit	10/29/2019		OCC	September G...		Arvest Checki...	125.30	356.91
Total OCC General Exp Reimbursements							356.91	356.91
OCC Salary Reimbursements								
Deposit	10/29/2019		OCC	October Sala...		Arvest Checki...	2,324.23	2,324.23
Total OCC Salary Reimbursements							2,324.23	2,324.23
Total Income							5,889.04	5,889.04
Expense								
Cost-Share Payments								
Check	10/23/2019	8702	Ron Clark	Cost Share Y...		Arvest Checki...	3,207.60	3,207.60
Total Cost-Share Payments							3,207.60	3,207.60
Employee Benefits								
Check	10/3/2019	8692	OCC	September 2...		Arvest Checki...	229.03	229.03
Check	10/21/2019	8697	OCC	October 2019...		Arvest Checki...	229.03	458.06
Total Employee Benefits							458.06	458.06
Internet								
Check	10/29/2019		COX Communicatio...	October 2019...		Arvest Checki...	82.25	82.25
Total Internet							82.25	82.25
Payroll								
Check	10/30/2019	8696	Gabriel S Parker	September 1...		Arvest Checki...	904.63	904.63
Total Payroll							904.63	904.63
Payroll Tax								
Check	10/15/2019		OK Tax Commission	September 2...		Arvest Checki...	130.50	130.50
Check	10/30/2019		Oklahoma Employ...	Processing F...		Arvest Checki...	0.80	131.30
Check	10/30/2019		Oklahoma Employ...	3rd Quarter ...		Arvest Checki...	26.82	158.12
Check	10/30/2019		IRS	941 Tax Pay...		Arvest Checki...	802.87	960.99
Total Payroll Tax							960.99	960.99

Tulsa County Conservation District
Profit & Loss Detail
October 2019

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Travel								
Check	10/30/2019	8693	Gabriel S Parker	July 2019 Mil...		Arvest Checki...	66.45	66.45
Check	10/30/2019	8698	Gabriel S Parker	September 2...		Arvest Checki...	43.05	109.50
Total Travel							109.50	109.50
Total Expense							5,723.03	5,723.03
Net Income							166.01	166.01



P O BOX 1670
LOWELL AR 72745

ADDRESS SERVICE REQUESTED

TULSA COUNTY CONSERVATION DISTRICT
6660 S SHERIDAN RD STE 120
TULSA OK 74133-1768

Statement Ending 10/31/2019

TULSA COUNTY CONSERVATION

Page 1 of 4

Customer Number

Managing Your Accounts

	24-HOUR ACCOUNT INFO LINE	(800) 601-8655
	CUSTOMER SERVICE	(866) 952-9523
	MAILING ADDRESS	PO BOX 799 LOWELL AR 72745
	WEBSITE	www.arvest.com

Summary of Accounts

Account Type	Account Number	Ending Balance
NON-PROFIT INTEREST CHECKING		\$729.11
Total Current Value		\$729.11

NON-PROFIT INTEREST CHECKING

Account Summary

Date	Description	Amount
10/01/2019	Beginning Balance	\$563.12
	4 Credit(s) This Period	\$5,889.02
	11 Debit(s) This Period	\$5,723.03
10/31/2019	Ending Balance	\$729.11

Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Interest Days	0
Interest Earned	\$0.00
Interest Paid This Period	\$0.28
Interest Paid Year-to-Date	\$3.44
Interest Withheld Year-to-Date	\$0.00

DORMANCY: A MONTHLY FEE WILL BEGIN IF NO ACTIVITY FOR 12 MONTHS.

Electronic Credits

Date	Description	Amount
10/07/2019	VENDOR PAYMENTS MISC REIMB TULSA COUNTY CONSERVAT	\$231.61
10/15/2019	VENDOR PAYMENTS MISC REIMB TULSA COUNTY CONSERVAT	\$3,207.60
10/29/2019	VENDOR PAYMENTS MISC REIMB TULSA COUNTY CONSERVAT	\$2,449.53

Other Credits

Date	Description	Amount
10/31/2019	INTEREST PMT	\$0.28

Electronic Debits

Date	Description	Amount
10/15/2019	TAX PAYMENTS OK TAX PMT	-\$130.50
10/29/2019	COX COMM TUL BANK DRAFT Tulsa County Conservat	-\$82.25
10/30/2019	OK.GOV	-\$0.80



Statement Ending 10/31/2019

TULSA COUNTY CONSERVATION

Page 3 of 4

Customer Number

NON-PROFIT INTEREST CHECKING

Electronic Debits (continued)

Date	Description	Amount
	DDA PIN POS PUR CD5315	
	EGOV.COM OK#930228400869	
10/30/2019	OK EMPLOYMENT SECURITY	-\$26.82
10/30/2019	IRS USATAXPYMT	-\$802.87
	TULSA COUNTY CONSERVAT	

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
8692	10/03/2019	\$229.03	8696*	10/30/2019	\$904.63	8698	10/30/2019	\$43.05
8693	10/30/2019	\$66.45	8697	10/21/2019	\$229.03	8702*	10/23/2019	\$3,207.60

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
09/30/2019	\$563.12	10/15/2019	\$3,642.80	10/29/2019	\$2,573.45
10/03/2019	\$334.09	10/21/2019	\$3,413.77	10/30/2019	\$728.83
10/07/2019	\$565.70	10/23/2019	\$206.17	10/31/2019	\$729.11



P O BOX 1670
LOWELL AR 72745

ADDRESS SERVICE REQUESTED

TULSA COUNTY CONSERVATION DISTRICT
6660 S SHERIDAN RD STE 120
TULSA OK 74133-1768

Statement Ending 10/31/2019

TULSA COUNTY CONSERVATION

Page 1 of 2

Customer Number

Managing Your Accounts



24-HOUR
ACCOUNT INFO (800) 601-8655
LINE



CUSTOMER
SERVICE (866) 952-9523



MAILING
ADDRESS PO BOX 799
LOWELL AR 72745



WEBSITE www.arvest.com

Summary of Accounts

Account Type	Account Number	Ending Balance
NON-PROFIT INTEREST CHECKING		\$88.78
Total Current Value		\$88.78

NON-PROFIT INTEREST CHECKING

Account Summary

Date	Description	Amount
10/01/2019	Beginning Balance	\$88.76
	1 Credit(s) This Period	\$0.02
	0 Debit(s) This Period	\$0.00
10/31/2019	Ending Balance	\$88.78

Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Interest Days	0
Interest Earned	\$0.00
Interest Paid This Period	\$0.02
Interest Paid Year-to-Date	\$0.21
Interest Withheld Year-to-Date	\$0.00

DORMANCY: A MONTHLY FEE WILL BEGIN IF NO ACTIVITY FOR 12 MONTHS.

Other Credits

Date	Description	Amount
10/31/2019	INTEREST PMT	\$0.02

Daily Balances

Date	Amount	Date	Amount
09/30/2019	\$88.76	10/31/2019	\$88.78



P O BOX 1670
LOWELL AR 72745

ADDRESS SERVICE REQUESTED

TULSA AREA CONSERVATION FOUNDATION
6660 S SHERIDAN RD
TULSA OK 74133-1730

Statement Ending 10/31/2019

TULSA AREA CONSERVATION

Page 1 of 2

Customer Number

Managing Your Accounts



24-HOUR
ACCOUNT INFO (800) 601-8655
LINE



CUSTOMER
SERVICE (866) 952-9523



MAILING
ADDRESS PO BOX 799
LOWELL AR 72745



WEBSITE www.arvest.com

Summary of Accounts

Account Type	Account Number	Ending Balance
NON-PROFIT INTEREST CHECKING		\$1,026.53
Total Current Value		\$1,026.53

NON-PROFIT INTEREST CHECKING

Account Summary

Date	Description	Amount
10/01/2019	Beginning Balance	\$1,026.31
	1 Credit(s) This Period	\$0.22
	0 Debit(s) This Period	\$0.00
10/31/2019	Ending Balance	\$1,026.53

Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Interest Days	0
Interest Earned	\$0.00
Interest Paid This Period	\$0.22
Interest Paid Year-to-Date	\$3.00
Interest Withheld Year-to-Date	\$0.00

DORMANCY: A MONTHLY FEE WILL BEGIN IF NO ACTIVITY FOR 12 MONTHS.

Other Credits

Date	Description	Amount
10/31/2019	INTEREST PMT	\$0.22

Daily Balances

Date	Amount	Date	Amount
09/30/2019	\$1,026.31	10/31/2019	\$1,026.53



P O BOX 1670
LOWELL AR 72745

ADDRESS SERVICE REQUESTED

TULSA AREA CONSERVATION FOUNDATION
6660 S SHERIDAN RD
TULSA OK 74133-1730

Statement Ending 10/31/2019

TULSA AREA CONSERVATION

Page 1 of 2

Customer Number

Managing Your Accounts



24-HOUR
ACCOUNT INFO (800) 601-8655
LINE



CUSTOMER
SERVICE (866) 952-9523



MAILING
ADDRESS PO BOX 799
LOWELL AR 72745



WEBSITE www.arvest.com

Summary of Accounts

Account Type	Account Number	Ending Balance
BUSINESS MONEY MARKET		\$2,985.68
Total Current Value		\$2,985.68

BUSINESS MONEY MARKET

Account Summary

Date	Description	Amount
10/01/2019	Beginning Balance	\$2,984.16
	1 Credit(s) This Period	\$1.52
	0 Debit(s) This Period	\$0.00
10/31/2019	Ending Balance	\$2,985.68

Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Interest Days	0
Interest Earned	\$0.00
Interest Paid This Period	\$1.52
Interest Paid Year-to-Date	\$66.73
Interest Withheld Year-to-Date	\$0.00

DORMANCY: A MONTHLY FEE WILL BEGIN IF NO ACTIVITY FOR 24 MONTHS.

Other Credits

Date	Description	Amount
10/31/2019	INTEREST PMT	\$1.52

Daily Balances

Date	Amount	Date	Amount
09/30/2019	\$2,984.16	10/31/2019	\$2,985.68

ACCOUNT ID:
FILING FREQUENCY: Quarterly

FILING PERIOD: September 30, 2019
DUE DATE: October 21, 2019
RECEIVED DATE: October 16, 2019

WTH 10001 Oklahoma Employers Wage Withholding
Revised 4-2019 TULSA CO CONSERVATION

☐ Amended Return

Number of Employees	1
Wages Paid	\$7,907.97
Tax Withheld	\$361.00
Interest	\$0.00
Penalty	\$0.00
Total Due	\$361.00
Total Monthly and Semi-Monthly Prepayments Received	\$361.00
Total Balance Due	\$0.00

1st Quarter

July, August, September

FOR YOUR RECORDS ONLY
DO NOT MAIL

Oklahoma Employment Security Commission

EMPLOYERS QUARTERLY CONTRIBUTION REPORT

Cashier: P O Box 52004 Oklahoma City, Ok 73152-2004

Your report has been received, DO NOT mail a copy of the Employers Quarterly Contribution Report with payment.

1. Employee SSN	Change Type	2. Last Name	First Name	Middle Name	3. Total Wages Paid	4. Taxable Wages Paid
					\$8,044.50	\$2,681.67
				REPORT TOTAL	\$8,044.50	\$2,681.67

14. Monthly count of all full and part-time workers who worked or received pay subject to unemployment insurance for the payroll period that includes the 12th of the month.

Month 1 Month 2 Month 3

15. Oklahoma Account Number:

16. Federal I.D. No:

17. Qtr / Yr:

18. Due Date:

19. Employer Name / Address

TULSA COUNTY CONSERVATION DIST

6660 S Sheridan Rd Ste 120

TULSA

74133 -

Confirmation No.: **79F0883677**

5. TOTAL WAGES PAID.....	\$8,044.50
6. TAXABLE WAGES PAID.....	\$2,681.67
7. Contribution Rate for This Quarter.....	1%
8. Contributions Due.....	\$26.82
9. Interest Due.....	\$0.00
10. 10% Penalty Due + \$100.00 Penalty Due.....	\$0.00
11. Debit.....	\$0.00
12. AMOUNT DUE.....	\$26.82
13. Amount Paid.....	

I certify this report is correct and no contribution is paid by any employee

Contact Name: **Gabriel Parker**

Title: **District Secretary**

Contact Phone: **918-877-9559**

Date: **10/29/2019**

Employer identification number (EIN)	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>
Name (not your trade name)	<div style="border: 1px solid black; padding: 2px;">Tulsa County Conservation District</div>
Trade name (if any)	<div style="border: 1px solid black; height: 20px;"></div>
Address	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">6660 S Sheridan Road, Suite 120</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Number</div> <div>Street</div> <div>Suite or room number</div> </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">Tulsa</div> <div style="border: 1px solid black; padding: 2px;">OK</div> <div style="border: 1px solid black; padding: 2px;">74133</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>City</div> <div>State</div> <div>ZIP code</div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Foreign country name</div> <div>Foreign province/county</div> <div>Foreign postal code</div> </div>

Read the separate instructions before completing this form. Use this form to correct errors you made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs correction. Type or print within the boxes. You **MUST** complete all three pages. Don't attach this form to Form 941 or 941-SS.

Part 1: Select ONLY one process. See page 4 for additional guidance.

- ☐ 1. **Adjusted employment tax return.** Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported amounts on this form. The amount shown on line 21, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form.
- ☒ 2. **Claim.** Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 21. Don't check this box if you're correcting ANY underreported amounts on this form.

Part 2: Complete the certifications.

- ☒ 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.

Note: If you're correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year.

4. If you checked line 1 because you're adjusting overreported amounts, check all that apply. You must check at least one box. I certify that:

- ☐ a. I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ b. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ c. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

5. If you checked line 2 because you're claiming a refund or abatement of overreported employment taxes, check all that apply. You must check at least one box. I certify that:

- ☐ a. I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ c. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees; or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax; or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☒ d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Return You're Correcting ...

Check the type of return you're correcting.

- ☒ 941
- ☐ 941-SS

Check the ONE quarter you're correcting.

- ☒ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Enter the calendar year of the quarter you're correcting.

2019 (YYYY)

Enter the date you discovered errors.

10 / 8 / 2019
(MM / DD / YYYY)

Next ►

Name (not your trade name)	Employer identification number (EIN)	Correcting quarter 1 (1, 2, 3, 4) Correcting calendar year (YYYY) <div style="text-align: right;">2019</div>
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Tulsa County Conservation District

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank.

	Column 1 <i>Total corrected amount (for ALL employees)</i>	Column 2 <i>Amount originally reported or as previously corrected (for ALL employees)</i>	Column 3 <i>Difference (If this amount is a negative number, use a minus sign.)</i>	Column 4 <i>Tax correction</i>
6. Wages, tips and other compensation (Form 941, line 2)	7721 . 17	8011 . 21	-290 . 04	Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
7. Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)	.	.	.	Copy Column 3 here ▶
8. Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)	8006 . 48	8296 . 52	-290 . 04	× 0.124* = -35 . 96
9. Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)	.	.	.	× 0.124* = .
10. Taxable Medicare wages and tips (Form 941 or 941-SS, line 5c, Column 1)	8006 . 48	8296 . 52	-290 . 04	× 0.029* = -8 . 41
11. Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)	.	.	.	× 0.009* = .
12. Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)	.	.	.	Copy Column 3 here ▶
13. Tax adjustments (Form 941 or 941-SS, lines 7–9)	.	.	.	Copy Column 3 here ▶
14. Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11; you must attach Form 8974)	.	.	.	See instructions
15. Special addition to wages for federal income tax	.	.	.	See instructions
16. Special addition to wages for social security taxes	.	.	.	See instructions
17. Special addition to wages for Medicare taxes	.	.	.	See instructions
18. Special addition to wages for Additional Medicare Tax	.	.	.	See instructions
19. Combine the amounts on lines 7–18 of Column 4
20a. COBRA premium assistance payments (see instructions)	.	.	.	See instructions
20b. Number of individuals provided COBRA premium assistance (see instructions)	.	.	.	
21. Total. Combine the amounts on lines 19 and 20a of Column 4				-44 . 37

If line 21 is less than zero:

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 for the tax period in which you're filing this form. (If you're currently filing a Form 944, Employer's ANNUAL Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

If line 21 is more than zero, this is the amount you owe. Pay this amount by the time you file this return. For information on how to pay, see *Amount you owe* in the instructions.

Name (not your trade name)	Employer identification number (EIN)	Correcting quarter 1 (1, 2, 3, 4)
Tulsa County Conservation District		Correcting calendar year (YYYY) 2019

Part 4: Explain your corrections for this quarter.

- ☐ 22. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 24.
- ☐ 23. Check here if any corrections involve reclassified workers. Explain on line 24.
24. You must give us a detailed explanation of how you determined your corrections. See the instructions.

An administrative error occurred in calculating payroll beginning January 1, 2019. Wages, tips and other compensation along with Social Security and Medicare earnings were over reported resulting in an over payment of taxes.

Payroll has been corrected and the employee properly compensated.

The district is requesting a refund of \$44.37 for the 1st quarter.

Part 5: Sign here. You must complete all three pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use Only

Check if you're self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Form **941-X: Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund**
(Rev. April 2017) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Name (not your trade name)	Tulsa County Conservation District									
Trade name (if any)	<input type="text"/>									
Address	6660 S Sheridan Road, Suite 120									
	Number		Street				Suite or room number			
	Tulsa		OK		74133					
	City		State		ZIP code					
	<input type="text"/>			<input type="text"/>			<input type="text"/>			
	Foreign country name			Foreign province/county			Foreign postal code			

Read the separate instructions before completing this form. Use this form to correct errors you made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs correction. Type or print within the boxes. You MUST complete all three pages. Don't attach this form to Form 941 or 941-SS.

Part 1: Select ONLY one process. See page 4 for additional guidance.

- ☐ 1. **Adjusted employment tax return.** Check this box if you underreported amounts. Also check this box if you overreported amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported amounts on this form. The amount shown on line 21, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form.
- ☒ 2. **Claim.** Check this box if you overreported amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 21. Don't check this box if you're correcting ANY underreported amounts on this form.

Part 2: Complete the certifications.

- ☒ 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.

Note: If you're correcting underreported amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year.

4. If you checked line 1 because you're adjusting overreported amounts, check all that apply. You must check at least one box. I certify that:

- ☐ a. I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ b. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ c. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

5. If you checked line 2 because you're claiming a refund or abatement of overreported employment taxes, check all that apply. You must check at least one box. I certify that:

- ☐ a. I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ c. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees; or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax; or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☒ d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Return You're Correcting ...

Check the type of return you're correcting.

- ☒ 941
- ☐ 941-SS

Check the ONE quarter you're correcting.

- ☐ 1: January, February, March
- ☒ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December

Enter the calendar year of the quarter you're correcting.

2019 (YYYY)

Enter the date you discovered errors.

10 / 8 / 2019
(MM / DD / YYYY)

Next ►

Name (not your trade name)	Employer identification number (EIN)	Correcting quarter 2 (1, 2, 3, 4) Correcting calendar year (YYYY) 2019
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Tulsa County Conservation District

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank.

	Column 1 <i>Total corrected amount (for ALL employees)</i>	Column 2 <i>Amount originally reported or as previously corrected (for ALL employees)</i>	Column 3 <i>Difference (If this amount is a negative number, use a minus sign.)</i>	Column 4 <i>Tax correction</i>
6. Wages, tips and other compensation (Form 941, line 2)	7117 . 08	7407 . 12	-290 . 04	Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
7. Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)	.	.	.	Copy Column 3 here ▶
8. Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)	7380 . 48	7670 . 52	-290 . 04	$\times 0.124^* =$ -35 . 96
9. Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)	.	.	.	$\times 0.124^* =$.
10. Taxable Medicare wages and tips (Form 941 or 941-SS, line 5c, Column 1)	7380 . 48	7670 . 52	-290 . 04	$\times 0.029^* =$ -8 . 41
11. Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)	.	.	.	$\times 0.009^* =$.
12. Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)	.	.	.	Copy Column 3 here ▶
13. Tax adjustments (Form 941 or 941-SS, lines 7–9)	.	.	.	Copy Column 3 here ▶
14. Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11; you must attach Form 8974)	.	.	.	See instructions
15. Special addition to wages for federal income tax	.	.	.	See instructions
16. Special addition to wages for social security taxes	.	.	.	See instructions
17. Special addition to wages for Medicare taxes	.	.	.	See instructions
18. Special addition to wages for Additional Medicare Tax	.	.	.	See instructions
19. Combine the amounts on lines 7–18 of Column 4				.
20a. COBRA premium assistance payments (see instructions)	.	.	.	See instructions
20b. Number of individuals provided COBRA premium assistance (see instructions)	.	.	.	
21. Total. Combine the amounts on lines 19 and 20a of Column 4				-44 . 37

If line 21 is less than zero:

- If you checked line 1, this is the amount you want applied as a credit to your Form 941 for the tax period in which you're filing this form. (If you're currently filing a Form 944, Employer's ANNUAL Federal Tax Return, see the instructions.)
- If you checked line 2, this is the amount you want refunded or abated.

If line 21 is more than zero, this is the amount you owe. Pay this amount by the time you file this return. For information on how to pay, see *Amount you owe* in the instructions.

Next ▶

Name (not your trade name)	Employer identification number (EIN)	Correcting quarter <u>2</u> (1, 2, 3, 4)
Tulsa County Conservation District		Correcting calendar year (YYYY) 2019

Part 4: Explain your corrections for this quarter.

- ☐ 22. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 24.
- ☐ 23. Check here if any corrections involve reclassified workers. Explain on line 24.
24. You must give us a detailed explanation of how you determined your corrections. See the instructions.

An administrative error occurred in calculating payroll beginning January 1, 2019. Wages, tips and other compensation along with Social Security and Medicare earnings were over reported resulting in an over payment of taxes.

Payroll has been corrected and the employee properly compensated.

The district is requesting a refund of \$44.37 for the 2nd quarter.

Part 5: Sign here. You must complete all three pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Gabriel Parker

Print your name here

Gabriel Parker

Print your title here

District Secretary

Date

10/14/19

Best daytime phone

(918) 877-9566

Paid Preparer Use Only

Check if you're self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

 / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Corrected

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2019) Department of the Treasury — Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) -
Name (not your trade name)
Trade name (if any)
Address
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2019
(Check one.)

- ☐ 1: January, February, March
☐ 2: April, May, June
☒ 3: July, August, September
☐ 4: October, November, December
Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="1"/>
2	Wages, tips, and other compensation	2	<input type="text" value="7617.93"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="1200.00"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
<div style="display: flex; justify-content: space-around;"><div>Column 1</div><div>Column 2</div></div>			
5a	Taxable social security wages	<input type="text" value="7899.48"/> × 0.124 =	<input type="text" value="979.55"/>
5b	Taxable social security tips	<input type="text"/> × 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="7899.48"/> × 0.029 =	<input type="text" value="229.08"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> × 0.009 =	<input type="text"/>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="1208.62"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="2408.62"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="-0.01"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="2408.61"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text"/>
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<input type="text" value="2408.61"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	<input type="text" value="2453.01"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text" value="44.40"/>	Check one: <input type="checkbox"/> Apply to next return. <input checked="" type="checkbox"/> Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form **941** (Rev. 1-2019)

Next ▶

Name (not your trade name)

Employer identification number (EIN)

Tulsa County Conservation District

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 802. 87

Month 2 802. 87

Month 3 802. 87

Total liability for quarter 2408. 61 Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages / /

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number Gabriel Parker (918) 877-9566

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 0 9 2 1 5

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here

Gabriel Parker

Print your name here

Gabriel Parker

Print your title here

District Secretar

Date

10/14/19

Best daytime phone

(918) 877-9566

Paid Preparer Use OnlyCheck if you are self-employed . . . ☐

Preparer's name

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Soil Health Initiative Cost Share Program - additional practice

Tammy Sawatzky

Sent: Wednesday, November 06, 2019 11:27 AM

To: OCC All Districts

Importance: High

Attachments: CSP SHI Guidelines addition.pdf (79 KB)

OCC has added practice 512 – Forage and Biomass Planting to the Soil Health Initiative Cost Share Program available practice list. The addition of this practice is for the purpose of adding management and plant diversity to pasture and hayland by adding cool or warm season perennial grasses, legumes, or mixes into perennial warm season grass fields. The average cost information is attached.

If you have questions about this addition let me know.

Tammy Sawatzky

Conservation Programs Division Director

405-521-4823 (office)

405-834-1811 (cell)

512 - Forage and Biomass Planting

Definition: Establishing adapted and /or compatible species, varieties, or cultivars of herbaceous species suitable for pasture, hay, or biomass production.

Purpose: To add management and plant diversity to pasture and hayland by adding cool or warm season perennial grasses, legumes, or mixes into perennial warm season grass fields.

IV SOIL HEALTH INITIATIVE COST-SHARE STATE AVERAGE COSTS

Code	Practice Name Component	Unit	Unit Cost	Rate
512	<u>FORAGE and BIOMASS PLANTING</u>			
	Cool Season Introduced Perennial Grass. Seeding	AC	\$209.20	85%
	Warm Season Introduced Perennial Warm Season Grasses. Seeding	AC	\$232.33	85%

**Mayes, Rogers, Wagoner, Muskogee, Okmulgee, Tulsa County
Conservation District Board Meeting
November 5, 6, 7, 14, 2019
District Conservationist Report**

CTA - Continue with CTA planning as requested / Receipt of service

EQIP / WHIP/ CSP – Continue to work on implementation of existing contracts, applied practices and new conservation plans.

EQIP/CSP – FY 2020

- Ranking new applications 83 - EQIP
- CSP-GCI sign up 2; extended cutoff date to Nov. 8
 - 19 applications
- CSP Classic – Receiving Records for payments
 - On existing contracts

**State Cost Share
Program –**

Soil Health committee has been selected

-David Chair

-Ben

-Katie Sec.

-Zack

-Robert

Spoke about 4 choices Cover Crop, Nut. Mgt., P. Burn, P. Grazing

Next Meeting Nov. 19, 1:30 @ Wagoner

Other –

- Wagoner Soil Health Meeting Nov. 7 @ 7:00
- Chief coming to Pryor Wed field day
- Nov. 11 Vert. Day
- Nov. 12 Active Shooter Meeting in Claremore @ 9:30
- All Locally Led work group meetings this month except one

Tulsa County

Conservation District:

November-19

Month & Year

Day of Month

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Conservation Planning																														
Customer service toolkit data entry											V																	T	T	
Conservation plan maintenance											E																	H	H	
Assemble plan components											T																	A	A	
Conducts on-site inspections											E																	N	N	
Provide practice check out services											R																	K	K	
Development of plan and soil maps											A																	S	S	
Other: NRCS Flie maintenance, update con6											N																	G	G	
Outreach for Farm Bill Programs																														
News Article Development											S																			
Outreach Activities		X	X						X																			G	G	
Assist with monthly outreach report		X	X						X		D																	I	I	
Public presentations											A																	V	V	
Success stories											Y																	I	I	
Earth Team volunteer program								X							X													N	N	
Assist with statewide media																												G	G	
Other: CrCk Mtg/Event, BT Trng		X	X						X											X										
Administrative Assistance for Farm Bill Programs																														
Filing	X				X	X	X	X				X	X	X				X	X	X	X	X			X	X				
Updating General Manual and FOTG											O			X														O	O	
Receptionist	X				X	X	X	X			F	X	X					X	X	X	X	X			X	X		F	F	
General office correspondence	X				X	X	X	X			F	X	X	X				X	X	X	X	X			X	X		F	F	
Record of meeting minutes											I			X														I	I	
Maintain office schedules	X				X	X	X	X			C	X	X					X	X	X	X	X			X	X		C	C	
Maintain ledgers	X				X	X	X	X			E	X	X					X	X	X	X	X			X	X		E	E	
Other: Map Pull, Map Org. Area III Mtg							X	X	X																X					
Farm Bill Contracting																														
Explain and promote farm bill programs																														
Local work group coordination		X	X						X		C										X							C	C	
Complete program applications											L																	L	L	
Program application rankings											O																	O	O	
Compile and file applications											S																	S	S	
Prepare and mail form letters											E		X	X	X			X	X	X					X	X		E	E	
Plan and contract development											D																	D	D	
Provide technical assistance																														
Update and maintain LTP-003																														
Other Farm Bill Activities:																														
NRCS Scanning/Mail/Lables/Contract Maint												X	X	X				X	X	X					X	X				
Active Shooter Training, SHIWG Mtg, KOB																			X			X								

Estimated number of hours all district staff worked this month assisting with Farm Bill delivery: **50 hours**

I certify that the above items as marked have been accomplished according to the terms of this agreement and meet with my full satisfaction:



Conservation District Board Representative (Signature & Date)



NRCS District Conservationist (Signature & Date)

TCCD Monthly Outreach and Activities Report

October 2019



Meetings:

10/03/2019	Sustainable Tulsa Meeting
10/09/2019	NRCS Team 17 Staff Meeting @TCCD Office (Did not Attend)
10/17/2019	TCCD Board Meeting
10/23/2019	Crow Creek Watershed Base Plan Meeting

Special Events:

10/24/2019	Blue Thumb – Full Circle Citizenship Workshop in Miami
10/31/2019	Mayhem @ the Meadow Halloween Event @ Crow Creek Meadow

Holidays:

10/14/2019	Columbus Day – NRCS Office Closed
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Upcoming Meetings

11/04/2019	NRCS Team 17 Staff Meeting Teleconference
11/07/2019	Sustainable Tulsa Meeting
11/12/2019	Active Shooter Training in Claremore
11/14/2019	TCCD Board Meeting
11/20/2019	Crow Creek Watershed Base Plan Meeting

Up Coming Events:

11/2 – 11/3/2019	Blue Thumb Training @ Locust Grove
11/22/2019	Keep Oklahoma Beautiful Awards Crow Creek Nominated

Upcoming NRCS Deadlines:

Upcoming Holidays:

11/11/2019	Veterans Day – Office will be closed
11/28 – 11/29/2019	Thanksgiving – TCCD Office Close both days. NRCS close on 11/28/2019

Side Notes:

Work Duties Performed:

- ❖ Assemble Agenda and Minutes for Meetings
- ❖ Answer phones
- ❖ Email Correspondences
- ❖ Bill Pay/Financials
- ❖ TCCD File Organization
- ❖ NRCS File Organization
- ❖ NRCS Mail
- ❖ NRCS Document Scanning
- ❖ Office Mail
- ❖ Update Office Calendars
- ❖ Meeting Organization and Coordination
- ❖ Office Scanning
- ❖ Meeting Minutes
- ❖ Event Planning and Coordination
- ❖ NRCS Folder Maintenance
- ❖ State Cost Share Program Year 20 & 21
- ❖ Storage Room Organization

NOTICE OF SCHEDULE OF REGULAR MEETINGS FOR CALENDAR YEAR 2020

In accordance with the Oklahoma Open Meeting Law, Title 25 of the Oklahoma Statutes, Sections 301 and following as amended, the Tulsa County Conservation District Board of Directors, a governmental subdivision and public body of the State of Oklahoma, with offices located at 6660 S. Sheridan Rd., Suite 120 Tulsa, OK 74133 files with the County Clerk of Tulsa County, Oklahoma, this schedule of meetings for the above calendar year.

MEETING DATE	TIME	PLACE
January 09, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
February 13, 2020 or February 20, 2020 *	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
March 12, 2020 or * March 19, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
April 09, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
May 14, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
June 11, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
July 09, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
August 13, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
September 10, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
October 08, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
November 12, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa
December 10, 2020	4:00 PM	6660 S. Sheridan Rd., Ste. 120 Tulsa

Name of person reporting dates: _____

(Print or Type)

Signature _____

Title _____ Date _____

**DUE IN OCC & COUNTY CLERK'S OFFICE BY DECEMBER 15 OF
EACH YEAR**

NOTICE OF NEWLY ELECTED OFFICERS

In a regular scheduled meeting of the Tulsa County

Conservation District held on November 14, 2019 the following officers were elected:

Chair	Tom
Vice Chair	Jana
Treasurer	Jana
Member	Sherry
Member	Fred Storer

Due in OCC Office by August 1 of Each Year