COMMIT!2DALLAS FORM 990 TAX YEAR 2019





14241 Dallas Parkway, Suite 1100 | Dallas, TX 75254-2961 | 972.702.8262

Commit!2Dallas 3800 Maple Avenue, Suite 800 Dallas, TX, 75219

Enclosed are the following income tax returns prepared on behalf of Commit!2Dallas for the year ended June 30, 2020.

2019 990-T - Exempt Organization Business Income Tax Return 2019 990 - Return of Organization Exempt from Income Tax 2019 8879-EO - IRS E-file Signature Authorization Form

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Jeanette Verrelli BKD, LLP





#### 14241 Dallas Parkway, Suite 1100 | Dallas, TX 75254-2961 | 972.702.8262

#### Commit!2Dallas Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2020

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BKD, LLP 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254

Fax 972.702.0673 Attn: Dallas Tax

#### eFileDallas@bkd.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2021. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO

## IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

lendar year 2019, or fiscal year beginning	07/01	, 2019, and ending $06/30$	
Do not sond	to the IDS K	oon for your records	

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number 80 - 0790222

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For ca

COMMIT! 2DALLAS

Name and title of officer

Department of the Treasury

Internal Revenue Service

#### NORIE PRIDE-WOMACK, MANAGING DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	10851762.
2a	Form 990-EZ check here  Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here  B Balance Due (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X Lauthorize BKD, LLP	to enter my PIN	75219	as my signature
ERO firm name		Enter five numbers, bu do not enter all zeros	t
an the encoderation is the second of the strend of the file of return	If I have in diamate dissible in the		

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 🕨	Date		•								
Part III Certification and Authentication											
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	Г							_			$\neg$
number (EFIN) followed by your five-digit self-selected PIN.	1	7	54	6	5	9	4	4	0	1	6
				Do	not	enter	all ze	eros			
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electindicated above. I confirm that I am submitting this return in accordance with the require Information for Authorized IRS <i>e-file</i> Providers for Business Returns.											∍F)
ERO's signature	Date 🕨	· _									
ERO Must Retain This Form - See Instru Do Not Submit This Form to the IRS Unless Requ		o	Do S	0							
For Paperwork Reduction Act Notice, see back of form.						F	Form	887	79-E	Ξ0	(2019)

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orm	J	Э	U

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(	Rev	January	2020)	
1		oundary	2020)	

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

<u>ОМВ №. 1545-0047</u>

Open to Public

A	or th	e 2019 calendar year, or tax year beginning $07/01$ , 2019, a	nd ending		06/30, <b>20</b> 20
		C Name of organization		D Employer ident	ification number
Bo	Check if a	COMMIT!2DALLAS		80-0790	222
	Addr chan				
		-	oom/suite	E Telephone num	ber
	Initia	I return 3800 MAPLE AVENUE	800	(832) 264	-3810
		return/ nated City or town, state or province, country, and ZIP or foreign postal code			
	Amer	DALLAS, TX 75219		G Gross receipts	\$ 10,851,762.
		cation <b>F</b> Name and address of principal officer: TODD WTLLTAMS		H(a) Is this a group	return for Yes X No
		3800 MAPLE AVENUE, SUITE 800, DALLAS, TX 7521	19	subordinates? H(b) Are all subordina	ates included? Yes No
I	Tax-e>	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," atta	ch a list. (see instructions)
J	Webs	ite: ▶ WWW.COMMITPARTNERSHIP.ORG		H(c) Group exempt	ion number
к	Form	of organization: X Corporation Trust Association Other	L Year of form	nation: 2012 M S	tate of legal domicile: TX
	art I	Summary			
		Briefly describe the organization's mission or most significant activities: THE COM	MIT PARTN	IERSHIP IS A	COMMUNITY
e		NAVIGATOR AND CONNECTOR, WORKING TO ENSURE THAT AL			
anc		STUDENTS (CONTINUED IN SCHEDULE O)			
Governance	2	Check this box      if the organization discontinued its operations or disposed	of more than 25	5% of its net assets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		1	3 17.
	4	Number of independent voting members of the governing body (Part VI, line 1b)			<b>4</b> 17.
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5 73.
Activities &	6	Total number of volunteers (estimate if necessary)			<b>6</b> 15.
Ac	-	Total unrelated business revenue from Part VIII, column (C), line 12			<b>7a</b> 0.
		Net unrelated business taxable income from Form 990-T, line 39			<b>7b</b> 0.
		······································		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		8,234,539	9. 8,842,311.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,976,961	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,594	
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,216,094	10,851,762.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		83,525	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,623,907	7. 6,016,058.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		(	Ο. Ο.
Del		Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 714, 604.			
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,834,560	). 5,593,135.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,541,992	2. 11,636,193.
	19	Revenue less expenses. Subtract line 18 from line 12		1,674,102	-784,431.
s s				ginning of Current Ye	ear End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		9,268,711	9,769,663.
Ass ABa	21	Total liabilities (Part X, line 26)		924,706	5. 2,210,089.
Let	22	Net assets or fund balances. Subtract line 21 from line 20		8,344,005	5. 7,559,574.
	rt II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	/ knowledge.	
Sig		Signature of officer		Date	
Не	re				
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid		JEANETTE VERRELLI		self-employed	
	parer	Firm's name BKD, LLP		Firm's EIN ► 44	L-0160260
USE	Only	Firm's address ▶14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254			72-702-8262
Ма	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Pape	rwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2019)

COMMIT	2DALLAS
CONTIN	

Forr	m 990 (2019)	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission: OUR COMMUNITY WORKING TOGETHER TO ENSURE ALL STUDENTS RECEIVE AN	
	EXCELLENT AND EQUITABLE EDUCATION: (1) ANALYZE DATA TO INFORM ACTION,	
	(2) ACTIVATE THE COMMUNITY TO ACHIEVE SHARED GOALS, AND (3) GROW	
	CAPACITIES OF SYSTEMS AND STAKEHOLDERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ If "Yes," describe these new services on Schedule O.	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported.	
	EARLY MATTERS DALLAS: THE PURPOSE OF EARLY MATTERS DALLAS IS TO	640,455.)
	ALIGN COMMUNITY STAKEHOLDERS (INCLUDING FAMILIES, EDUCATORS,	
	POLICYMAKERS, AND BUSINESS LEADERS) BEHIND REGIONAL CAMPAIGNS FOR SYSTEMIC INITIATIVES THAT INCREASE ACCESS TO HIGH-QUALITY EARLY	
	EDUCATION AND ULTIMATELY STUDENT ACHIEVEMENT IN KINDERGARTEN	
	READINESS AND 3RD GRADE READING PROFICIENCY.	
4b	(Code: ) (Expenses 1,561,956. including grants of ) (Revenue ) (Revenue )	367,583.)
	BEST IN CLASS: THE PURPOSE OF BEST IN CLASS IS TO INCREASE THE	
	QUALITY OF TEACHER SUPPLY IN DALLAS COUNTY BY WORKING WITH SCHOOL	
	DISTRICT LEADERSHIP TO IMPLEMENT STRATEGIES THAT RECRUIT, PREPARE,	
	DEVELOP, AND RETAIN AN EFFECTIVE AND DIVERSE CORPS OF EDUCATORS.	
4.0	(Code: ) (Expanses f , , , , , , , including grants of f ) ) (Devenue f	)
	(Code:) (Expenses \$4,204,209. including grants of \$) (Revenue \$) DALLAS COUNTY PROMISE: THE PURPOSE OF DALLAS COUNTY PROMISE IS TO	989,396.)
	GIVE EVERY GRADUATING HIGH SCHOOL SENIOR IN THE REGION, REGARDLESS	
	OF INCOME, GPA, OR CITIZENSHIP STATUS, A TUITION FREE PATH TO A TWO	
	OR FOUR YEAR DEGREE, IN ADDITION TO SUPPORT THAT WILL INCREASE THE	
	LIKELIHOOD OF PERSISTENCE, COMPLETION AND MENTORSHIP THAT HELPS	
	PROMISE SCHOLARS SECURE LIVING WAGE EMPLOYMENT.	
	FROMESE SCHOLARS SECURE HIVING WAGE EMPLOIMENT.	
<u>4</u> 4	Other program services (Describe on Schedule O.)	
Ψu	(Expenses \$ 1,251,670. including grants of \$ ) (Revenue \$ )	
40	Total program service expenses $\blacktriangleright$ 9,500,491.	
JSA		Form <b>990</b> (2019)
9E1(	<sup>020 2.000</sup> 5586PB B47D 1/12/2021 12:34:27 PM V 19-7.7F 138-1193491-1193491	Poim <b>990</b> (2019) PAGE 4

Part	IV Checklist of Required Schedules	,		_
			Yes	
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	Х	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ŭ	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		
7		0		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	_
		IIE		
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
<b>.</b> .	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		21	_
za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	Х	
	Schedule D, Parts XI and XII	12a	Λ	_
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		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		
5	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		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
3		10		
0 -	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	
Ą		Form		

Form **990** (2019) PAGE 5

Form 990 (2019)

Page 4

	V Checklist of Required Schedules (continued)		Yes	N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ŀ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	X	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
1	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		
	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		
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
,	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	L	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		-
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		
	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		
:	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
:	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	33 34		
а	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	33		
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33 34 35a		
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .	33 34		
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable	33 34 35a 35b		
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)? . If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .	33 34 35a		
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33 34 35a 35b 36		
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33 34 35a 35b		
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33 34 35a 35b 36 37		
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33 34 35a 35b 36	x	
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33 34 35a 35b 36 37 38	x	
a b	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33 34 35a 35b 36 37 38		<u>-</u> [
a b	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33 34 35a 35b 36 37 38	X	_[
a b Irt	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         Did the organization have a controlled entity within the meaning of section 512(b)(13)?         If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2         Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI         Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.         Mathematic Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	33 34 35a 35b 36 37 38		
a b nrt a b	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.	33 34 35a 35b 36 37 38		
a b rt b c	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         Did the organization have a controlled entity within the meaning of section 512(b)(13)?         If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2         Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI         Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.         Mathematic Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	33 34 35a 35b 36 37 38		

Form 990 (2019)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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. <b>2a</b> 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
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.			

Form **990** (2019)

Form §	090 (2019) COMMIT! 2DALLAS 80-0790	222		Page 6
Part		and		<u> </u>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
iu	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			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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.	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>'</i>	
			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? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10	v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b		x
b	Other officers or key employees of the organization	150		
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		16a		x
L	with a taxable entity during the year?	104		<u> </u>
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(000		01(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inte	est r	olicy
	and financial statements available to the public during the tax year.		201 1	. onoy,
20		s 🕨		
	State the name, address, and telephone number of the person who possesses the organization's books and record NORIE PRIDE-WOMACK 3800 MAPLE AVENUE SUITE 800 DALLAS, TX 75219 832-264-3810			
JSA		Form	990	(2019)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	<b>(B)</b> Average hours per week	box,	unle	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	5	
(1) ERIC BAN	40.00									
MANAGING DIRECTOR	0.				x			213,952.	0.	25,455.
(2) DOROTHY L SMITH	40.00									
PRESIDENT	0.				X			199,593.	0.	14,466.
(3) SAGAR DESAI	40.00									
MANAGING DIR./TREAS,END: 10/19	0.			Х				161,770.	0.	9,718.
(4) ERICA ADAMS	40.00									
MANAGING DIRECTOR	0.					х		149,733.	0.	6,793.
(5) KIMBERLY MANNS	40.00									
MANAGING DIRECTOR	0.					х		133,420.	0.	15,458.
(6) MARK FLANAGAN	40.00									
MANAGING DIRECTOR	0.					X		122,049.	0.	24,884.
(7)ASHWINA KIRPLANI	40.00									
MANAGING DIRECTOR	0.					X		135,471.	0.	9,317.
(8) ANEL MERCADO	40.00									
EXECUTIVE DIRECTOR OF READ FW.	0.					X		121,065.	0.	0.
(9)NORIE PRIDE-WOMACK	40.00									
MANAGING DIR/TREAS, BEG: 10/19	0.			Х				24,149.	0.	2,601.
(10) NICOLE ANDERSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) REV. GERALD BRITT	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) REGEN FEARON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) FLORENCIA VELASCO FORTNER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) DOLORES SOSA GREEN	1.00									
DIRECTOR	0.	Х						0.	0.	0.

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(A)		(B)			(C	C)			(D)	(E)	(F)
Name and titl		Average hours per week (list any		not ch		more	than or is both a		Reportable compensation from	Reportable compensation from related	Estimated amount o other
		hours for related organizations	office	r and		irect	or/truste		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensati from the organizatio
		below dotted line)	Individual trustee or director	Institutional trustee	-	Key employee	Highest compensated employee	9r	(,		and related organization
5) ROB KAPLAN		1.00	v						0	0	
DIRECTOR 6) LIBBY MCCABE		0. 30.00	Х		_				0.	0.	
SENIOR DIRECTOR OF	F ADVOCACY	0.	х		x				0.	0.	
7) DALE PETROSKY		1.00									
DIRECTOR		0.	Х						0.	0.	
8) MATTHEW RANDAZZO		1.00									
DIRECTOR		0.	Х						0.	0.	
9) JENNIFER SAMPSON		1.00						]			
DIRECTOR		0.	Х						0.	0.	
0) FLORENCE SHAPIRO	+	1.00									
DIRECTOR		0.	X						0.	0.	
1) JEREMY SMITH DIRECTOR	+	1.00	Х						0.	0.	
2) GEORGE TANG		1.00	Λ						0.	0.	
DIRECTOR	+	0.	х						0.	0.	
3) KELVIN WALKER		1.00									
DIRECTOR	+	0.	Х						0.	0.	
4) TODD WILLIAMS		40.00									
CEO/BOARD CHAIRPE	RSON	0.	Х		Х				0.	0.	
5) ELLEN WOOD		1.00									
DIRECTOR		0.	Х						0.	0.	
1b Sub-total									1,261,202.	0.	108,
c Total from continuation s	,	-			• •	• •			1,261,202.	0.	108,0
<ul> <li>d Total (add lines 1b and 1c</li> <li>2 Total number of individuals reportable compensation f</li> </ul>	(including but not li	mited to th		listeo	d at	ove	e) who	re			Yes
B Did the organization list employee on line 1a? If "Ye											3
For any individual listed organization and related individual	organizations grea	ater than	\$15	0,00	)0?	If	"Yes,	" (	complete Schedu	le J for such	<b>4</b> X
5 Did any person listed on	line 1a receive or a	accrue cor	npen	satio	on f	rom	any	unr	elated organization	on or individual	E
for services rendered to the Section B. Independent Cont		s, complet	୰୰୰	เธนนไ	J	101	SUCT	7912	50/1	<u> </u>	5
<ol> <li>Complete this table for yo compensation from the or year.</li> </ol>	ur five highest comp										
Ν	(A) lame and business addro	ess							(B) Description of se	rvices	(C) Compensation
ATTACHMENT 1								$\vdash$			

more than \$100,000 in compensation from the organization > 9

26) MARK ROHR DIRECTOR		related organizations below dotted line) 1.00 0.	Individual trustee X or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	'' orga and orga	om the anization I related nizations
		+	x							0		
			-						0.			
						_						
			-									
			-									
		+	-			_						
			_									
			-									
		+										
	nuation sheets to Part VII, S	=	•••	 	· · ·	· · ·	•••		0.	(	).	
2 Total number of in	Ib and 1c) ndividuals (including but not ensation from the organizatio	limited to t		liste		ove	) who	re	ceived more than	\$100,000 of		
	ation list any <b>former</b> offic 1a? If "Yes," complete Sched										3	Yes N
organization and	al listed on line 1a, is the I related organizations gr	eater than	\$15	50,00	00?	lf	"Yes,	" (	complete Schedu	le J for such	4	X
5 Did any person I for services rende	isted on line 1a receive or ared to the organization? If "Y	accrue co	mpen	satio	on f	rom	any	unr	related organization	on or individual	5	Σ
	ent Contractors ble for your five highest com m the organization. Report o											
	(A) Name and business add	dress							(B) Description of se	rvices	(C) Compens	ation
	independent contractors (i 200 in compensation from th				nited	l to	those	e li	sted above) who	received		

	t VIII	Statement of Revenue Check if Schedule O contains a respo	nse or note to an	y line in this Part \	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
and Other Similar Amounts	1a	Federated campaigns 1a	490,543.				
Ino	b	Membership dues 1b					
₽ E	С	Fundraising events 1c					
ar	d	Related organizations					
nii	е	Government grants (contributions) 1e					
S	f	All other contributions, gifts, grants,					
er		and similar amounts not included above 1f	8,351,768.				
th	g	Noncash contributions included in					
ס	3	lines 1a-1f	\$ 25,349.				
aŭ	h	Total. Add lines 1a-1f		8,842,311.			
_			Business Code	0,012,511.			
				1 007 434	1 005 424		
	2a	CONTRACT REVENUE	611710	1,997,434.	1,997,434.		
ue	b						
/eu	С						
Ś	d						
Revenue	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	•	1,997,434.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	•	12,017.			12,01
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d			0.			
		Net rental income or (loss)       Gross amount from       (i) Securities	(ii) Other	0.			
	7a						
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
	С	Gain or (loss) 7c					
5	d	Net gain or (loss)	<u> ▶</u>	0.			
	8a	Gross income from fundraising					
)		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from fundraising events	<u></u> ►	0.			
	9a	Gross income from gaming					
	54	activities. See Part IV, line 19 9a	0.				
	F	Less: direct expenses					
	b c	Net income or (loss) from gaming activities		0.			
				0.			
	10a	Gross sales of inventory, less returns and allowances <b>10a</b>	0.				
	b c	Less: cost of goods sold	U.	0.			
_	C	net income or (ioss) nom sales of inventory.		0.			
			Business Code				
ne	11a						
én	b						
Revenue	с						
-		All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	<u> </u>	10,851,762.	1,997,434.		12,01
-							Form <b>990</b> (201

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Х (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 27,000 27,000 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 801,874. 602,063. 178,504 21,307. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 4,380,186. 3,491,811. 419,501 468,874. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 3,650 28,168 22,761. 1,757. section 401(k) and 403(b) employer contributions) 346,921. 49,648 50,055. 446,624 9 Other employee benefits 359,206. 290,250. 46,549 22,407. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 48,462. 39,626. 8,638 198. b Legal 29,650. 29,650. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 3,032,955. 2,680,060. 14,701. 338,194. (A) amount, list line 11g expenses on Schedule O.)  $\ensuremath{ATCH}\xspace 2$ 289,465. 18,003 1,080. 308,548. Advertising and promotion 12 96,943. 59,072. 34,319 3,552. 13 Office expenses 957,597. 812,287. 112,257. 33,053. 14 Information technology 0 15 Royalties 503,454. 368,574. 95,147 39,733. Occupancy 16 326,723. 255,593. 40,972 30,158. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 42,043. 27,621 5,276 9,146. 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 191,517. 145,146. 30,680 15,691. 22 Depreciation, depletion, and amortization 12,062. 4,328. 7,266. 468. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a b٠ c۰ d · 37,913. 2,424. 43,181. 2,844. e All other expenses 11,636,193 9,500,491. 1,421,098 714,604. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

JSA

following SOP 98-2 (ASC 958-720)

m 990 ( <b>art X</b>				Page
	Check if Schedule O contains a response or note to any line in this P	art X		Г
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	4,061,945.	1	5,738,91
2	Savings and temporary cash investments.	504,594.	2	1,019,25
3	Pledges and grants receivable, net	4,044,186.	3	2,268,58
4	Accounts receivable, net.	0.	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	0.	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).	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	176,105.	9	178,60
-	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D <b>10a</b> 1,106,891.			
b	Less: accumulated depreciation	393,765.	10c	495,49
11	Investments - publicly traded securities	0.	11	
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	88,116.	15	68,81
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,268,711.	16	9,769,66
17	Accounts payable and accrued expenses	766,957.	17	1,095,06
18	Grants payable	0.	18	
19	Deferred revenue.	91,391.	19	72,91
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	66,358.	25	1,042,10
26	Total liabilities. Add lines 17 through 25	924,706.	26	2,210,08
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,418,343.	27	2,896,15
28	Net assets with donor restrictions.	5,925,662.	28	4,663,42
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	8,344,005.	32	7,559,57
	Total liabilities and net assets/fund balances	9,268,711.	33	9,769,66

Form 99	90 (2019)			Pa	ge <b>12</b>		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		351,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2		536,1			
3	Revenue less expenses. Subtract line 2 from line 1	3		84,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,3	8,344,005.			
5	Net unrealized gains (losses) on investments	5		0.			
6							
7	7 Investment expenses						
8	Prior period adjustments	8			0.		
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	7,5	559,5	574.		
Part							
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplain	in				
	Schedule O.				37		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X		
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled of	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			37			
b	Were the organization's financial statements audited by an independent accountant?			X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a				
	separate basis, consolidated basis, or both:						
	X       Separate basis       Consolidated basis       Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-			х		
	the audit, review, or compilation of its financial statements and selection of an independent accounta						
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain c	n				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for				v		
	Single Audit Act and OMB Circular A-133?		. <u>3a</u>		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		000			

Form **990** (2019)

SCHE	ÐU	LE	Α
(Form	990	or	990-EZ)

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.

OMB No. 1545-0047 2

<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>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:</li> <li>An organization that normally receives: (1) more than 331/3 % 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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).</li> </ul>	Department of the Treasury       Internal Revenue Service       Open to Public       Inspection								Inspection
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.)         A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).           A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 1990 or 990-72.).)         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital sname, city, and state:           A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). (Complete Part II.)         A fact-al, state, or local government or governmental unit described in section 170(b)(1)(A)(v).           A norganization parated for the benefit of a socie ant 70(b)(1)(A)(v).         Complete Part II.)         A fact-al, state, or local government or governmental unit described in section 170(b)(1)(A)(v).           B A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         A conganization 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)(v). (Complete Part II.)           9 An agricultural research organization described in section 170(b)(1)(A)(v).         Complete Part II.)           9 An agricultural research organization described in section 170(b)(1)(A)(v).         Complete Part II.)           9 An agricultural research organization described in section 170(b)(1)(A)(v).         Complete Part II.)           10 An organization t	Name	of the organization						Employer identifi	cation number
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box).  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 99) or 990-E2).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A school 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)(V). (Complete Part II.)  A church organization than tormally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(V). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)  A organization that normally receives: (1) more than 33/r3% 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/r3% of Its support form contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions and (2) no more than 33/r3% of Its support form contributions, membership fees, and gross acquired by the organization after una 30, 75%. See section 509(a)(2). Complete Part III.)  An organization offer una 30, 1975. See section 509(a)(2) for the offer III.)  An organization offer una 30, 1975. See section 509(a)(2) for the fill for the purposes of one or more publicly supported organization described in section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See	-								
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 or 990-EZ.)).         3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).         4       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:         5       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)(V).         7       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)(V).         8       A community trust described in section 170(b)(1)(A)(V).         9       An agricultural research organization described in section 170(b)(1)(A)(V).         9       An agricultural research organization described in section 170(b)(1)(A)(V).         9       An organization after one described in section 170(b)(1)(A)(V).         9       An organization after one described in section 170(b)(1)(A)(V).         10       An organization after one described in section 170(b)(1)(A)(V).         11       An organization after one described in section 509(a)(2).         12       An organization after one described in section 509(a)(1) or sectrof 503(a)(2).         13 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>,</td> <td></td>					0			,	
2       A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2).)         3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         4       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:         5       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)(v).         6       A tederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An argenization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to lis severnt functions - subject to certain exceptions, and (2) nome than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization after June 30, 1975. See section 509(a)(2). Complete Part III.)         12       An organization after June 30, 1975. See section 509(a)(2). Complete Part III.)         13       An organization organ			•					,	
3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:         5       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)(v). (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       X       An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(x) 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:         10       An organization that normally receives: (1) more than 331 % of its support from contributions, membership fees, and gross resegoins investment neurome and unrelated business taxble income (less Section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section									
4       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:         5       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)(v).         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       X An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(vi) portated 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 or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university the organization norganized and operated exclusively to test for public selection 11 tax) from bulisnesses acable income (less section 509(a)(2). The post from granized and operated exclusively to test for public selection 130(s)(c)).         11       An organization organized and operated exclusively to test for public selection 509(a)(2). See section 509(a)(2).         12       An organization organized and operated exclusively to test for public selection 130(s)(c)(s) or section 509(a)(2).         11       An organization organized and operated exclusively for the benefit of,						-			
<ul> <li>hospital's name, city, and state:</li> <li>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)(v). Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A nagricultural research organization described in section 170(b)(1)(A)(x) 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 is a norganization ado perated exclusively to test in exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization ado perated exclusively to test for public safety. See section 509(a)(2).</li> <li>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 organization describes the type of supporting organization (a)(2). See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), the power to regularity appoint to relate amajority of the directors or trustees</li></ul>			-	-	-				(iiii) Entor the
<ul> <li>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)(v). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) (complete Part II.)</li> <li>An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization defared business taxable income (less section 514(2). nor or than 331/3% of its support from gross investment income and unrelated business taxable income (less section 519(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Complete Part II.)</li> <li>An organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization spervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly apoint or elect a majority of the directors or trustees of the supporting organization supervised, or controlled by 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) (see instructions). You must complete Part IV, Sectio</li></ul>	• L		-			spilai ue	SCIIDEU II		
section 170(b)(1)(A)(iv). (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       X       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(vi), goverated 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:         10       An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its evempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         12       Type I. A supporting organization supervised or controlled in connection with its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting	5				a college or universit	vowne	d or ope	rated by a governme	ental unit described in
6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       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)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(x) (complete Part II.)         9       An organization that normally receives: (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 509(a)(4).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes the type of supporting organization and complete lines 12e, 12t, and 12g, a         13       Type I. A supporting organization sperated, supervised, or controlled by its supported organization(s), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its is suported organization(s) (see ins	• _		-		a concigo or annoron	.,	p.	i dioù of a goronnie	
7       ▲ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 770(b)(1)(A)(vi). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       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:         10       An organization that normally receives: (1) more than 331/3 % 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 331/3% of its support from organized and operated exclusively to test for public safety. See section 509(a)(4).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, a         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization. You must complete Part IV, Sections A and B.         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 B.         b       Type II. A sup	6				rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(x) poperated in conjunction with a land-grant college or university:         10       An organization that normally receives: (1) more than 331/3 % 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations describes the type of supporting organization and complete lines 12e, 12f, and 12g, Check the box in lines 12a through 12d that describes the type of supporting organization, supporting organization (s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), by having control or management of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) tay is supported organization(s). You must complete Part IV, Sections A and E.         b       Type II. A supporting organization operated. A supporting organization operated in connection with its supported organization(s	7 2		-	-			-		om the general public
9       An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university:         10       An organization that normally receives: (1) more than 331/3 % 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting 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 supervised or controlled by 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 B.         b       Type II A supporting organization supervised or ganization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must	_			-			Ū		<b>.</b> .
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:         10       An organization that normally receives: (1) more than 331/3 % 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the 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) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type II functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, an	8	A community	trust describe	ed in section 170(I	b)(1)(A)(vi). (Complete	e Part II.)			
university:	9 [	An agricultur	al research or	ganization describ	ed in section 170(b)(1	)(A)(ix)	operated	l in conjunction with a	land-grant college
<ul> <li>An organization that normally receives: (1) more than 331/3 % 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 331/3% 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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization. You must complete Part IV, Sections A and B.</li> <li>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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with an attentiveness requirement (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A sup</li></ul>		or university	or a non-land-	grant college of a	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
<ul> <li>receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33/13% of its support from gross investment income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a 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 supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in connection with its supported organization(s), by having control or manage the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>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 and C.</li> <li>c Type III non-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.</li> <li>d Type III non-functionally integrated. The organization generally must satisfy a distribution requirement an antentiveness requirement (</li></ul>	_								
12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization, You must complete Part IV, Sections A and B.         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.         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.         d       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.         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated a supported organization.         f       Enter the number of supported organization secored a	-	receipts from support from acquired by t	activities rela gross investn he organizatio	ated to its exempt nent income and u on after June 30, 1	functions - subject to inrelated business tax 975. See <b>section 509</b>	certain e able inco ( <b>a)(2).</b> (0	exception ome (lese Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).         Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization. You must complete Part IV, Sections A and B.         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.         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.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s)         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations supported organizations.       (v) Is more functionally integrated, or Type III non-f			•		•	•			arry out the purposes
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       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 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.         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.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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.         e       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	L		•						• • • •
a       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.         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.         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.         d       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.         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization(s).         g       Provide the following information about the supported organization (ii) Fype of organization (iii) Fype of organization (iii) Support (see instructions))         (i) Name of supported organization       (ii) EIN       (iii) Fype of organization (iv) Is the organization (iv) Amount of other support (see instructions									
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.         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.         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.         d       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.         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations .         g       Provide the following information about the supported organization (ii) EIN         (iii) Type organization (iii) Type organiza	а			-				-	-
supporting organization. You must complete Part IV, Sections A and B.         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.         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.         d       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.         e       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         (i) Name of supported organization       (ii) EIN         (iii) EIN       (iii) Type of organization (iv) is the organization (v) Amount of other support (see instructions)         istructions)       instructions)				-	-	-		- · ·	
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.         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.         d       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.         e       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			-						
organization(s). You must complete Part IV, Sections A and C.         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.         d       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.         e       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	b	Type II. A s	supporting org	ganization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
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.         d       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.         e       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		control or r	management o	of the supporting of	organization vested in	the sam	e persor	is that control or man	age the supported
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       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.         e       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		organizatio	n(s). You mus	t complete Part IV	, Sections A and C.				
d       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.         e       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	С	Type III fur	nctionally inte	grated. A support	ing organization opera	ated in c	onnectio	n with, and functional	lly integrated with,
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.         e       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			-						
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       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	d		-			-			
e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported organization       (ii) EIN         (iii) Type of organization (described on lines 1-10) above (see instructions))       (iv) Is the organization (v) Amount of monetary support (see instructions)				• •	• •				d an attentiveness
functionally integrated, or Type III non-functionally integrated supporting organization.         f Enter the number of supported organizations									
f Enter the number of supported organizations	е		-						I, Type III
g Provide the following information about the supported organization(s).         (i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization Just of instructions       (v) Amount of monetary support (see instructions)         Yes       No	4						organizat	ion.	
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of monetary support (see instructions)         Yes       No				-					•••••
(described on lines 1-10 above (see instructions))     listed in your governing document?     support (see instructions)     other support (see instructions)       Yes     No				1		(iv) is the	organization	(v) Amount of monetany	(vi) Amount of
Yes No	(		organization		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))			instructions)	instructions)
						163	NO		
	(A)								
(B)	(B)								
(C)	(C)								
(D)									
Total       Schedule A (Form 990 or 990-EZ)         For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Schedule A (Form 990 or 990-EZ) 2019			Act Notice soo th	e Instructions for Form	990 or 990-E7			Sabadula A	(Form 990 or 990-E7) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,441,946.	3,170,605.	9,648,181.	8,234,539.	8,842,311.	33,337,582.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,441,946.	3,170,605.	9,648,181.	8,234,539.	8,842,311.	33,337,582.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						7,359,774.
6	Public support. Subtract line 5 from line 4						25,977,808.
	tion B. Total Support	() 00/5	(1) 00 (0)	() 00/7	( )) 0 0 ( 0	() 00 (0	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,441,946.	3,170,605.	9,648,181.	8,234,539. 4,594.	8,842,311.	33,337,582. 16,611.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						33,354,193.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	6,175,612.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>				
Sec	tion C. Computation of Public Supp		•				
14	Public support percentage for 2019 (lin		•			14	77.88%
15	Public support percentage from 2018						78.78 <b>%</b>
16a	331/3% support test - 2019. If the org						
	box and <b>stop here.</b> The organization qu			-			
b	331/3% support test - 2018. If the org						
47.	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets the			-	-		
<b>L</b>	organization						
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
40	supported organization						
18	Private foundation. If the organization						
	instructions						<u> 🟲 📖</u>

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019

#### 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.) Dublic S .

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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						
7a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		I	1	1	1	1
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
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.)						504(1)(0)
14	First five years. If the Form 990 is for	-					
800	organization, check this box and stop here						
15	tion C. Computation of Public Supp Public support percentage for 2019 (line 8)	•	-	ump (f))		15	%
16	Public support percentage from 2018 Sche	.,	•			15	<u>~~~</u> %
	tion D. Computation of Investmen			<u></u>		10	70
17	Investment income percentage for 2019 (lin			13 column (f))		17	%
18	Investment income percentage for 2019 (in					18	%
	331/3% support tests - 2019. If the or					· · · · ·	
150	17 is not more than 331/3%, check th	-					
h	<b>331/3% support tests - 2018.</b> If the orga		-				
u	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization of		•	•			
JSA				.,, 100,			990 or 990-EZ) 2019
9E122	1.000 5586PB B47D 1/12/2021 1	2:34:27 PM	V 19-7.7F	1	38-1193491	-	PAGE 1

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

80-0790222

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

Schedu	le A (Form 990 or 990-EZ) 2019			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
<u></u>			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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		
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? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		24	
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	res	No
Secti	on D. All Type III Supporting Organizations			
Secu			Vas	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		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	<ul> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins</li> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see</li> </ul>		ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in <b>Part VI.</b></i>	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2019

JSA

Page **6** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizatior	IS	
1 Check here if the organization satisfied the Integral Part Test as a qualify	•		
instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions)			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form	990 or 990-EZ) 2019
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Schedu Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Pag
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		ourrent real
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, SECTION A, COLUMNS A - E

PUBLIC SUPPORT YEARS:

THE LOOKBACK PERIOD FOR THIS RETURN CONTAINS A SHORT YEAR - JANUARY 1,

2017 THROUGH JUNE 30, 2017 - DUE TO A CHANGE IN ACCOUNTING YEAR. THIS

SHORT-YEAR PERIOD WAS FILED ON A 2016 RETURN, THEREFORE FOR THE PURPOSES

OF THIS SUPPORT SCHEDULE THE PERIODS ARE AS FOLLOWS:

A. 2015 REPRESENTS THE 5TH YEAR, OR THE YEAR ENDING 12/31/2016

B. 2016 REPRESENTS THE 4TH YEAR, OR THE YEAR ENDING 6/30/2017

C. 2017 REPRESENTS THE 3RD YEAR, OR THE YEAR ENDING 6/30/2018

D. 2018 REPRESENTS THE 2ND YEAR, OR THE YEAR ENDING 6/30/2019

E. 2019 REPRESENTS THE 1ST YEAR, OR THE YEAR ENDING 6/30/2020

THE CURRENT PERIOD ENDING 6/30/2020 REPRESENTS THE 9TH TAX YEAR AS A 501(C)(3) ORGANIZATION.

JSA

## Schedule B

or 990-PF)
Department of the Treasury Internal Revenue Service
Name of the organization

COMMIT! 2DALLAS

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

80-0790222

Organization	type	(check	one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I	Contributors (see instructions). Use duplicate copies of	r Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AT&T 208 S AKARD	_ \$\$	Person X Payroll Noncash (Complete Part II for
	DALLAS, TX 75202	-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BALLMER GROUP	_	Person
	ONE W. 4TH ST, SUITE 200	_ \$1,186,800.	Payroll Noncash
	CINCINNATI, OH 45202	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BILL AND MELINDA GATES FOUNDATION	_	Person
	PO BOX 23350	_ \$1,085,372.	Payroll Noncash
	SEATTLE, WA 98102	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BYRNE FAMILY FOUNDATION	_	Person
	5500 PRESTON ROAD, SUITE 250	_ \$250,000.	Payroll Noncash
	DALLAS, TX 75205	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARLES AND LYNN SCHUSTERMAN FOUNDATION	_	Person
	110 WEST SEVENTH ST	\$300,000.	Payroll Noncash
	TULSA, OK 74119	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	COMMUNITIES FOUNDATION OF TEXAS	_	Person
	5500 CARUTH HAVEN LN	_ \$378,445.	Payroll Noncash
	DALLAS, TX 75225		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	DALLAS COUNTY COMMUNITY COLLEGE DISTRICT		Person X Payroll		
	1601 SOUTH LAMAR	\$260,000.	Noncash		
	DALLAS, TX 75215		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	HIRSCH FAMILY FOUNDATION		Person		
	300 CRESCENT COURT, SUITE 550	\$200,000.	Payroll Noncash		
	DALLAS, TX 75201		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	MEADOWS FOUNDATION		Porson X		
	3003 SWISS AVE	\$350,000.	Person A Payroll Noncash		
	DALLAS, TX 75204		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	NORTH TEXAS COMMUNITIES FOUNDATION		Person		
	777 MAIN STREET, SUITE 2850	\$1,032,138.	Payroll Noncash		
	FORT WORTH, TX 76102		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	RAINWATER CHARITABLE FOUNDATION		Person		
	PO BOX 566	\$600,000.	Payroll Noncash		
	FORT WORTH, TX 76101		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	STRIVE TOGETHER, INC		Person		
	125 E. 9TH STREET, 2ND FLOOR	\$850,000.	Payroll Noncash		
	CINCINNATI, OH 45202		(Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TEXAS EDUCATION AGENCY 1701 N. CONGRESS AVENUE AUSTIN, TX 78701	\$686,704.	Person X Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Page 3
Employer identification number
80-0790222

art II Nonca	sh Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 4
Name of organization COMMIT! 2DALLAS	Employer identification number
	80-0790222
Part III - Exclusively religious charitable atc. contributions to organizations described	1 in section $501(c)(7)$ (8) or

Part III	<b>Exclusively</b> religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	the year from any ons completing Par e year. (Enter this in	one contributor. t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, an	ud ZIP + 4	Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transf nd ZIP + 4		onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, an			onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transf nd ZIP + 4		onship of transferor to transferee
JSA	1			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	rtment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990 for	instructions and the	e latest information.	Inspection
lf the	organization answe	•	on Form 990, Part IV, line 3, or Form		46 (Political Campaign Activitie	
		5	Complete Parts I-A and B. Do not comp			
			n 501(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part I-B.	
	Section 527 organization	•	lete Part I-A only. on Form 990, Part IV, line 4, or Form	000 EZ Part VI lina	47 (Lobbying Activition) then	
	•	,	hat have filed Form 5768 (election un	, ,		lete Part II-B.
		5	hat have NOT filed Form 5768 (electi			
lf the	e organization answe	ered "Yes,"	on Form 990, Part IV, line 5 (Proxy		<i>,,</i> ,	•
	(see separate instruc					
	e of organization	o), or (6) orga	nizations: Complete Part III.		Employor ident	ification number
	MIT!2DALLAS				80-0790	
		to if the o	rganization is exempt under	sostion 501(c) or		
			organization's direct and indirect p		•	
1	definition of "politi		•	bolitical campaign a	activities in Part IV. (See ins	
2			penditures (see instructions)		► ¢	
2			campaign activities (see instruction			
-			rganization is exempt under			
1			ise tax incurred by the organizatio			
2			ise tax incurred by organization m			
3			section 4955 tax, did it file Form			
4a	-					
	If "Yes," describe i					
Par	t I-C Complet	te if the o	rganization is exempt under	section 501(c), e	except section 501(c)(3).	
1			pended by the filing organization			
2	Enter the amount	of the filing	g organization's funds contributed	to other organizat	tions for section	
3	Total exempt fun	ction expe	nditures. Add lines 1 and 2. Ent	er here and on F	orm 1120-POL,	
4			• Form 1120-POL for this year?			
5	Enter the names, organization made the amount of po	addresses e payments litical contr	and employer identification numb s. For each organization listed, en ibutions received that were prom d or a political action committee (	per (EIN) of all sect iter the amount pa aptly and directly c	tion 527 political organizat iid from the filing organiza lelivered to a separate poli	ions to which the filing tion's funds. Also enter tical organization, such
	<b>(a)</b> Name		<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				-		
(2)				-		
(3)				-		
(4)				-		
(5)				-		
(6)				-		
For F	Paperwork Reduction	n Act Notice	see the Instructions for Form 990 o	 r 990-EZ.	Schedule	C (Form 990 or 990-EZ) 2019

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

PAGE 30

OMB No. 1545-0047

20 19 Open to Public

SCHEDULE C
(Form 990 or 990-EZ

Pa	art II-A Complete if the organizat section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		elongs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	per's name,
В	Check ► if the filing organization c	necked box A and "limited control" provisions app	oly.	
		bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
t c c	<ul> <li>b Total lobbying expenditures to influence</li> <li>c Total lobbying expenditures (add lines</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (add lines)</li> </ul>	e public opinion (grassroots lobbying) a legislative body (direct lobbying) 1a and 1b) Id lines 1c and 1d) ne amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	g Grassroots nontaxable amount (enter 2	5% of line 1f)		
ł	h Subtract line 1g from line 1a. If zero or	less, enter -0-		
i	i Subtract line 1f from line 1c. If zero or I	ess, enter -0-		
j	j If there is an amount other than zero	o on either line 1h or line 1i, did the organiza	tion file Form 4720	
		?		Yes No
		4-Year Averaging Period Under Section 501(h)		

## (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate	instructions	for lines	2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total		
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
<b>c</b> Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

Pao	e	3

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity.		a)	(b)	
			No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		Х		
с	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	X		6,376	
j	Total. Add lines 1c through 1i			6,376	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
De	the Complete if the experimetion is exempt under costion 504(c)(4) costion 504	()/=>			

Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section
	501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
_		2a	
	Current year		
b	Carryover from last year.	<u>2b</u>	
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

JSA

Schedule C (Form 990 or 990-EZ) 2019

Page 4

Part IV Supplemental Information (continued)
--

SCHEDULE C, PART II-B, LINE 11

OTHER LOBBYING ACTIVITIES:

THE ORGANIZATION PARTICIPATES IN LOBBYING ACTIVITIES THROUGH A CONTRACT

WITH KNOWWHO FOR SALESFORCE IN PARTNERSHIP WITH STRIVE TOGETHER, INC.

SCHEDULE	ΞD
(Form 990	)

# 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.

20 19 **Open to Public** 

OMB No. 1545-0047

Department of the Treasury		► Attach to Form 990. ■ Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public				
Internal Revenue Service         Go to WWW.IFS.go           Name of the organization         Image: Control of the organization		P 00 to 1111		Employer identificati					
COMMIT! 2DALLAS				80-079022	2				
Pa	art I Organizat	tions Maintaining Donor Advi	sed Funds or Other Similar Funds	or Accounts.					
	-	-	"Yes" on Form 990, Part IV, line 6.						
		-	(a) Donor advised funds	(b) Funds and o	other accounts				
1	Total number at er	nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5			advisors in writing that the assets hel	d in donor advised					
			property, subject to the organization's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used								
	only for charitable	purposes and not for the benef	it of the donor or donor advisor, or for	any other purpose					
	conferring imperm	issible private benefit?			Yes No				
Pa		tion Easements.							
			"Yes" on Form 990, Part IV, line 7.						
1			organization (check all that apply).						
		n of land for public use (for example		n of a historically imp					
		of natural habitat		n of a certified histori	ic structure				
•		n of open space		to the form of a const					
2			eld a qualified conservation contribution		Ervation End of the Tax Year				
_		ast day of the tax year.							
a ⊾				2a 2b					
b	-	-	nistoric structure included in (a)	20 2c					
c d			) acquired after 7/25/06, and not on a	20					
u		-		2d					
3		_		· · · · ·	nization during the				
5		lumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the ax year ►							
4			rvation easement is located $\blacktriangleright$						
5			arding the periodic monitoring, inspe						
-	-		sements it holds?		Yes No				
6			ecting, handling of violations, and enforcin						
	▶			0	0 ,				
7	Amount of expens	mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
	▶\$								
8	Does each conserv	oes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)							
	and section 170(h)	nd section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and								
			f the footnote to the organization's finar	ncial statements that d	lescribes the				
		ounting for conservation easement		0: :					
Pa			of Art, Historical Treasures, or Oth "Yes" on Form 990, Part IV, line 8.	er Similar Assets.					
	· · · ·								
1a	If the organization	elected, as permitted under FA reasures or other similar asset	SB ASC 958, not to report in its rever s held for public exhibition, educatior	nue statement and ba	alance sheet works therance of public				
	service, provide in	Part XIII the text of the footnote	to its financial statements that describes	these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet work								
			d for public exhibition, education, or re	esearch in furtherance	e of public service,				
	•	ing amounts relating to these iter		•					
n									
2 If the organization received or held works of art, historical treasures, or other similar assets for financia following amounts required to be reported under FASB ASC 958 relating to these items:									
а			ASD ASC 956 relating to these items.	<b>b</b> ¢					
a b									
_		Act Notice, see the Instructions for			dule D (Form 990) 2019				

COMMIT!2DALLAS

Schee	dule D (Form 990) 2019											age <b>2</b>
Ра	rt III Organizations Maintain		•						•		<i>'</i>	
3	Using the organization's acquisition collection items (check all that app		d other reco	rds, check	c any o	of the	follow	ing that n	nake sigr	nificant u	se o	f its
а	Public exhibition		d	Loan c	or excha	ange	progra	m				
b	Scholarly research		e	Other								
с	Preservation for future gene	erations										
4	Provide a description of the orga		ns and expl	ain how t	hev fur	rther	the or	ganization'	s exempt	t purpos	e in	Part
-	XIII.							gamzanon	e enemp	. pp		
5	During the year, did the organization	on solicit or receive	e donations o	of art histo	orical tr	easu	res or	other simil	ar			
Ū	assets to be sold to raise funds rat								_	Yes		No
Pa	rt IV Escrow and Custodial A				Jigailiza	ation	0 0010			100		110
ı a	Complete if the organiza		Yes" on For	m 990, P	Part IV,	line	9, or r	eported a	n amour	nt on Fo	rm	
	990, Part X, line 21.											
1a	Is the organization an agent, trust			-					_			1
	included on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement	in Part XIII and co	mplete the fo	llowing tab	ole:							
									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 an	nount on Form 990	), Part X, line	e 21, for e	scrow	or cu	stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement	in Part XIII. Check	here if the e	xplanation	has be	en pr	ovided	on Part XII				]
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "	Ves" on For	m 990 E	Part IV	lino	10					
		(a) Current year	(b) Pric		(c) Tw			(d) Three y	ooro hook	(e) Four	/ooro k	
		(a) Culterit year		Ji yeai	(0) 10	o year	5 5000	(u) Thee y	ears Dack			Jack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the current yea	r end balanc	e (line 1g,	column	n (a))	held as	:				
а	Board designated or quasi-endowr	nent ►	%									
b	Permanent endowment	%										
С	Term endowment	_%										
	The percentages on lines 2a, 2b,	and 2c should equa	al 100%.									
3a	Are there endowment funds not in	the possession of	the organization	ation that	are hel	d and	d admir	nistered for	the	_		
	organization by:									۱۱	′es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relat	ed organizations lis	sted as requir	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended	uses of the organi	zation's endo	wment fur	nds.							
Ра	rt VI Land, Buildings, and Eq	uipment.						<u> </u>			4.0	
	Complete if the organiz Description of property			1				1				
	Description of property		or other basis vestment)	(b) Cost c (of	or other ba ther)	asis		cumulated reciation	(d	) Book val	he	
1a	Land						·					
b	Buildings											
c	Leasehold improvements			7	21,32	20.	3	17,101.		40	4,2	19.
d	Equipment				.85,86		1	67,788.		1	8,0	77.
e	Other				.99,70			26,508.				98.
	I. Add lines 1a through 1e. (Columi	n (d) must equal Fo	orm 990, Part								, 4 5	
	~ 1											

Schedule D (Form 990) 2019 Part VII Investments - Other Securities.			Page 3
Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(П) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
	d "Yes" on Form 990 escription	), Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990	), Part IV, line 11e or 11f. See Forn	n 990, Part X,
	ption of liability		(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			230,505.
(3) PPP LOAN			811,600.
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.			1,042,105.
2. Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under FASB		the text of the footnote has been provide	ed in Part XIII
JSA 9E1270 1.000 5586PB B47D 1/12/2021 12:34:27	PM V 19-7.7F	Scr 138-1193491-119349	nedule D (Form 990) 2019 1 PAGE 3

Schedu	le D (Form 990) 2019		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	16,302,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	5,450,250.
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,851,762.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	10,851,762.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	17,086,443.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	5,450,250.
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,636,193.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	11,636,193.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

SEE PAGE 5

Schedule D (Form 990) 2019 COMMIT! 2DALLAS

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITIONS:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND HAS NOT BEEN CLASSIFIED AS A PRIVATE FOUNDATION AS DEFINED IN THE IRC. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSES IS SUBJECT TO TAX UNDER IRC SECTION 511. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2020. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX IN THE ACCOMPANYING FINANCIAL STATEMENTS.

GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURN AND RECOGNITION OF A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2020, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE I Grants and Other Assistance to Orga (Form 990) Governments, and Individuals in the U								OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2019
Department of the Treasury	Com		-	ttach to Form 990		, iiiie 21 01 22.		Open to Public
Internal Revenue Service		► Go	to <i>www.irs.gov</i>	//Form990 for the I	atest information			Inspection
Name of the organization							Employer identificati	
COMMIT! 2DALLAS	nformation on Grants an	d Accistone					80-079022	2
1 Does the organiz the selection crit	zation maintain records to s eria used to award the gran IV the organization's proce	ubstantiate th ts or assistanc	e amount of the					X Yes No
Part II Grants an	nd Other Assistance to D ne 21, for any recipient t	omestic Or	ganizations a	nd Domestic Gov	vernments. Com			es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) E3 ALLIANCE 5930 MIDDLE FISKV	VILLE ROAD, SUITE 507	64-0963235	501(C)(3)	27,000.				ADVOCACY
(2)		_						
(3)		_						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	per of section 501(c)(3) and per of other organizations lis	•	•					1.
	on Act Notice, see the Instruct							edule I (Form 990) (2019

Page 2

#### Schedule I (Form 990) (2019)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
art IV Supplemental Information. Provid					

information. SCHEDULE I, PART I, LINE 2

PROCESS FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.:

THE DONATIONS GIVEN EACH FISCAL YEAR ARE TO ORGANIZATIONS THAT FURTHER

COMMIT'S OWN INITIATIVES. DUE TO THE NATURE OF THE GIVING, THE

ORGANIZATION DOES NOT MONITOR ANY USE OF THE ASSISTANCE GIVEN.

SCHEDULE J		Comper	sation Information	0	MB No.	1545-0	047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.		For certain Officers, Dire		എത	10		
			)pen te				
	Revenue Service	Go to www.irs.gov/Forms	990 for instructions and the latest information.			ectio	n
	of the organization	G		Employer identificatio 80-0790222		r	
Part	MIT! 2DALLA	s Regarding Compensation		80-0790222			
Fari	Question	is Regarding compensation				Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form		103	
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	-			
	Travel fo	or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to			
					1b		
2	•		r to reimbursing or allowing expenses D/Executive Director, regarding the items				
	1a?				2		
3	organization's	CEO/Executive Director. Check all the	on used to establish the compensation of a at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa	ds used by a			
	Comper	nsation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	90 of other organizations	Approval by the board or compensa	tion committee			
4	During the ye organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control p	ayment?		4a		Х
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С			ased compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
-	•		rganizations must complete lines 5-9.				
5	compensation	n contingent on the revenues of:	ion A, line 1a, did the organization pa				
-					5a		X
b	If "Yes" on lin	e 5a or 5b, describe in Part III.			5b		X
6		listed on Form 990, Part VII, Section contingent on the net earnings of:	ion A, line 1a, did the organization pa	ly or accrue any			
а	The organizat	ion?			6a		Х
b					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov		7	x	
8	Were any am	ounts reported on Form 990, Part VII,	escribe in Part III. paid or accrued pursuant to a contract that	at was subject			
		-	Regulations section 53.4958-4(a)(3)? If				_
					8		X
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2019

#### Page 2

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

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

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

		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SAGAR DESAI	(i)	146,470.	15,300.	0.	1,500.	8,218.	171,488.	0.
1 MANAGING DIR./TREAS,END: 10/19	(ii)	0.	0.	0.	0.	0.	0.	0.
DOROTHY L SMITH	(i)	173,293.	26,300.	0.	1,500.	12,966.	214,059.	0.
2 <sup>PRESIDENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ERICA ADAMS	(i)	130,233.	19,500.	0.	1,179.	5,614.	156,526.	0.
3 <sup>MANAGING DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIC BAN	(i)	183,952.	30,000.	0.	0.	25,455.	239,407.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Page 3

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS:

THE PERCENTAGE USED TO CALCULATE BONUSES IS DETERMINED BY THE CEO FOR

EACH CALENDAR YEAR.

SCHEDULE J, PART I, LINE 3

METHOD TO DETERMINE TOP MANAGEMENT COMPENSATION:

THE EXECUTIVE DIRECTOR IS NOT COMPENSATED AND DONATES HIS TIME TO THE ORGANIZATION AS AN IN-KIND CONTRIBUTION. THE VALUE OF HIS IN-KIND DONATION WAS DETERMINED BY THE BOARD IN THE PAST AND CARRIES FORWARD EACH YEAR, UPDATED FOR MARKET SHIFTS. THE BOARD HAS DELEGATED COMPENSATION SETTING FOR ALL OTHER EMPLOYEES TO THE EXECUTIVE DIRECTOR, WHO EVALUATES AND APPROVES THEM AS PART OF THE HIRING AND ANNUAL BUDGETING PROCESS. THE ORGANIZATION PERFORMS PERIODIC INDEPENDENT COMPENSATION STUDIES TO INFORM THE RANGES OF COMPENSATION LEVELS ASSIGNED TO EACH POSITION-BASED BAND.

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

20**19** Open to Public Inspection

Name of the organization COMMIT! 2DALLAS

Employer identification num	ber
80-0790222	

Par	t Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contrib	eterminin	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		1.	25,349.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
	Other ►()			an fan anntributions fan			
29	Number of Forms 8283 received which the organization completed I				29		
	which the organization completed i	-0111 0203,	Part IV, Donee Acknowledg		23	Yes	No
30-2	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part L ling	s 1 through	103	110
<b>J</b> 0a	28, that it must hold for at least the				-		
	to be used for exempt purposes for					Da	X
b	If "Yes," describe the arrangement i						
31	Does the organization have a		ance policy that require	s the review of any	nonstandard		
	contributions?	• .		•		1 X	
32a	Does the organization hire or use						
4	contributions?	-	-			2a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	) is checked.		
	describe in Part II.			, , , , , , , , , , , , , , , , , , ,	,		
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M	(Form 99	0) 2019

JSA

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

THE AMOUNT REFLECTED IN THIS COLUMN REPRESENTS THE NUMBER OF

CONTRIBUTIONS RECEIVED.

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization COMMIT! 2DALLAS

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW FORM 990:

INTERNAL MANAGEMENT, WHICH INCLUDES THREE BOARD OFFICERS, REVIEWS ALL FORMS BEFORE SHARING THEM WITH THE BOARD. AFTER THEIR APPROVAL THE FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD.

#### FORM 990, PART VI, SECTION B, LINE 12C

PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY: THE OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY. EVERY EMPLOYEE IS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY AS PART OF THE EMPLOYEE HANDBOOK, AND THIS WILL BE AN ANNUAL PRACTICE GOING FORWARD. CONFLICTS ARE MONITORED BY THE TREASURER AND MANAGING DIRECTORS. IF A CONFLICT IS FOUND TO EXIST THE CONFLICTED MEMBER ABSTAINS FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A

REVIEW OF COMPENSATION:

INDEPENDENT MEMBERS OF THE BOARD REVIEW COMPARABLE SALARIES BASED ON THIRD PARTY STUDIES AND DATA PRIOR TO APPROVING SALARY RANGES FOR THE ORGANIZATION'S KEY LEASED EMPLOYEES, AND SUCH DATA IS FILED WITH THE BOARD MINUTES. THE CEO SETS SALARIES BASED ON THESE RANGES FOR KEY EMPLOYEES. THE CURRENT CEO & SENIOR DIRECTOR OF ADVOCACY DO NOT TAKE A SALARY AND INSTEAD CONTRIBUTE THEIR TIME AS IN-KIND SERVICES.

Page 2

FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY OF DOCUMENTS: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART I, LINE 1 MOST SIGNIFICANT ACTIVITIES:

(CONTINUED FROM PAGE 1)... AN EXCELLENT AND EQUITABLE EDUCATION THAT PREPARES THEM TO FLOURISH IN COLLEGE AND CAREER.

FORM 990, PART VI, SECTION A, LINE 1A DELEGATION OF AUTHORITY: THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE ORGANIZATION EXCEPT AS DESCRIBED IN THE BYLAWS. THE MEMBERS OF THE EXECUTIVE COMMITTEE ARE MADE UP OF THE CHAIRMAN OF THE BOARD AND THE OFFICERS OF THE CORPORATION.

FORM 990, PART XII, LINE 2C RESPONSIBILITY OF OVERSIGHT: THE RESPONSIBILITY OF OVERSIGHT OVER THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT IS HELD BY THE BOARD CHAIR AND TREASURER.

FORM 990, PART IV, LINE 4 THE COMMIT PARTNERSHIP ENGAGES IN LOBBYING AND HAS NOT TAKEN THE LOBBYING ELECTION.

JSA

Schedule O (Form 990 or 990-EZ) 2019	Page <b>2</b>
Name of the organization	Employer identification number
COMMIT!2DALLAS	80-0790222

### ATTACHMENT 1

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE BOSTON CONSULTING GROUP 2501 N HARDWOOD ST. #2200 DALLAS, TX 75201	STRATEGIC PLANNING	600,000.
BKD CPAS & ADVISORS 14241 DALLAS PKWY #1100 DALLAS, TX 75254	ACCOUNTING	218,384.
GREENLIGHT CREDENTIALS 13355 NOEL RD DALLAS, TX 75240	SOFTWARE DEVELOPMENT	275,000.
JOHN A ARNOLD INC 3904 MAIN ST. DALLAS, TX 75226	CONSTRUCTION	254,040.
CICERO RESEARCH 5501 LYNDON B JOHNSON FWY, SUITE 820 DALLAS, TX 75240	CONSULTING	165,000.

## ATTACHMENT 2

#### FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
CONTRACT LABOR	3,032,955.	2,680,060.	338,194.	14,701.	
TOTALS	3,032,955.	2,680,060.	338,194.	14,701.	

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt organization or other filer, see in	Taxpayer identification number (TIN)								
Type or print	COMMIT!2DALLAS				80-0790222					
File by the	Number, street, and room or suite no. If a P.O. bo	80-079022	<u>ک</u>							
due date for	3800 MAPLE AVENUE 800									
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
instructions.	DALLAS, TX 75219									
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			01			
Application Return		Return	Application				Return			
Is For		Code	Is For				Code			
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation)				07			
Form 990-E	3L	02	Form 1041-A				08			
Form 4720	(individual)	03	Form 4720 (other than individual)				09			
Form 990-P	'F	04	Form 5227				10			
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069				11			
Form 990-1	(trust other than above)	06	Form 8870				12			
<ul> <li>If the org</li> <li>If this is a for the who a list with the second se</li></ul>	tex year entered in line 1 is for less than 12 m change in accounting period	business ir bur digit Gro if it is for pa ion is for. ntil s for the org 01, 20 <u>1</u>	bup Exemption Number ( art of the group, check t 05/17_, 202 ganization's return for: 9, and ending ck reason: Initial re	GEN) his box	 t org 20 n	If and a ganiza	this is httach			
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						_			
	nonrefundable credits. See instructions.					\$	0.			
b 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.						\$	0.			
c 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.					2-	¢	0.			
	but are going to make an electronic funds withdrawa		it) with this Form 8869	o Form 9452 EO and Form	3c	1				
instructions.	ou are going to make an electronic runus withdrawa		ni, willi lins ruili öööö, se	e Form 6455-EO and Form	IQQ	19-EO	for payment			
-	Act and Paperwork Reduction Act Notice, see inst	ructions			For	<b>328</b> m	<b>8</b> (Rev. 1-2020			
	ACT AND FAPELWOLK REQUCTION ACT NOTICE, SEE INST	ructions.			- OIT	11 000	IREV. 1-2020			