



640 Taylor Street
Suite 2200
Fort Worth, Texas 76102
817.259.9100 Main

whitleypenn.com

Fort Worth Report
3008 E Rosedale St
Fort Worth, TX 76105

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office either by mail, email to efileftw@whitleypenn.com or fax to 817-887-4708. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy for a minimum of four years.

IRS e-file Signature Authorization

8879-TE for a Tax Exempt Entity Form

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

OMB No. 1545-0047 **2022**

Department of the Treasury Internal Revenue Service

EIN or SSN

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

FORT WORTH REPORT 83-4688357

Name and title of officer or person **WILLIAM MEADOWS**
 subject to tax **PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** dollars only. If you check the box on line or below, and the amount on that line for the return being filed with this form was blank, then leave line or **10a 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, 10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. complete more

than one line in Part I.

Do not

X 2,391,450.

1a column (A), line 12) ~~~~~ **b** check here **revenue,**
Form 990 **Total revenue, 1b** **2b**
 check here ~ if any (Form 990-EZ, line 9)

~~~~ if any (Form 990, Part VIII, **2a** ~~~~~ **b Total**  
**Form 990-EZ**

**3a** check here (Form 1120-POL, line 22) ~~~~~ **3b**  
**Form 1120-POL** **b Total tax**

**4a** ~ (Form 990-PF, Part **investment income Form 8868** 3c) ~~~~~  
**Form 990-PF** check here **b Balance due** **5b**  
 check here **5a** ~ (Form 8868, line ~~~~~

**based on** **4b** ~~~~~  
**5a** ~ (Form 8868, line ~~~~~

check here ~ (Form 990-T, Part III, line 4) ~~~~~ **6a**

**Form 990-T b Total tax**

**6b**

check here ~ (Form 4720, Part III, line 1) ~~~~~ **7a**

**Form 4720 b Total tax**

**7b**

check here ~ (Form 5227, Item D)

**8a** **Form 5227 b FMV of assets at end of tax year**

**8b**

check here ~ (Form 5330, Part II, line 19)

**9a** **Form 5330 b Tax due**

**9b**

check here (Form 8038-CP, Part III, line 22) **10a**

**Form 8038-CP b Amount of credit payment requested**

**10b**

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the

2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS an

(a)

acknowledgement of receipt or reason for rejection of the transmission, the reason for any delay in processing the return or refund, and the date

(b) (c)

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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

X WHITLEY PENN LLP 76102

I authorize to enter my PIN **ERO firm name**

**Enter five numbers, but do not enter all zeros**

I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

as my signature on the tax year 2022 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,

Date

Signature of officer or person subject to tax

**Part III Certification and Authentication**

Enter your six-digit electronic filing identification

**ERO's EFIN/PIN.**

number (EFIN) followed by your five-digit self-selected PIN. 75414276102 **Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am *e-file*

submitting this return in accordance with the requirements of Modernized e-File (MeF) Information for Authorized IRS Providers for **Pub. 4163**,

Business Returns.

6/12/2023

ERO's signature Date **ERO Must Retain This Form -**

**See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

**8879-TE**

LHA

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

Form (2022)

202521 12-16-22

**8868 Application for Automatic Extension of Time To File an** Form

(Rev. January 2022)

**Return**

**| File a separate application for each return.  
| Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**Electronic filing (e-file).**

**Exempt Organization**

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](http://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 instructions. Taxpayer identification number (TIN)

**Type or print**

FORT WORTH REPORT

box, see instructions. 3008 E ROSEDALE

Number, street, and room or suite no. If a P.O. ST

File by the due date for filing your return. See instructions.

Enter the Return Code for the return that this application is for (file a separate application for each return) □□□□□□□□□□□□□□□□

| Application Is For                       | Return Code              | Application Is For                                              | Return Code |
|------------------------------------------|--------------------------|-----------------------------------------------------------------|-------------|
| Form 990 or Form 990-EZ<br>01            |                          | Form 1041-A 08                                                  |             |
| Form 4720 (individual)<br>03             |                          | THE ORGANIZATION<br>Form 4720 (other than individual) Form 5227 |             |
| Form 990-PF                              |                          | Form 6069                                                       |             |
| 04                                       | 06                       | Form 8870                                                       |             |
| Form 990-T (sec. 401(a) or 408(a) trust) | Form 990-T (corporation) | 09 10 11 12                                                     |             |

05  
Form 990-T (trust other than above) 07  
3008 E ROSEDALE ST - FORT WORTH, TX  
76105

¥ The books are in the care of |  
  
817-878-3595  
Telephone No. | Fax No. |

¥ If the organization does not have an office or place of business in the United States, check this box ~~~~~ | ¥ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box | and attach a list with the names and TINs of all members the extension is for. NOVEMBER

15, 2023

1 I request an automatic 6-month extension of time until , to file the exempt organization return for

the organization named above. The extension is for the organization's return for:  
X calendar year or  
| tax year beginning , and ending .  
|

2022  
If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2

accounting period

Change in

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0.  
3a \$

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.  
3b \$

c Balance due. Include your payment with this form, if required, by 0.  
Subtract line 3b from line 3a. using EFTPS (Electronic Federal Tax Payment System). See instructions.  
3c \$

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

223841 04-01-22

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

990 2022

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

Department of the Treasury Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Open to Public information. Inspection

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

A For the 2022 calendar year, or tax year beginning and ending

Name of organization

B C D Employer identification number

Check if applicable:

Address

X FORT WORTH REPORT

Doing business as

change Name change

83-4688357

Number and street Telephone number

Initial

return (or P.O. box if mail is not delivered to street

address) Room/suite E

return/

3008 E ROSEDALE ST 817-878-3595

2,391,450.

Final

termin ated Gross receipts \$

City or town, state or or foreign postal code 76105

H(a)

Amended return

province, country, and ZIP FORT WORTH, TX G

Is this a group return

Applica tion

WILLIAM MEADOWS X

Name and address of principal officer: for subordinates? ~~

F Yes No pending

SAME AS C ABOVE

X

Yes No

H(b)

Are all subordinates included?

I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) If "No," attach a list. See instructions 4947(a)(1) or 527

J

Website:

N/A

H(c)

Group exemption number

X 2019 TX

Form of organization: Corporation Trust Association Other Year of formation: State of legal domicile: K

L M

Part I Summary

Activities & Governanc<sup>e</sup>

Briefly describe the organization's WE PLEDGE TO PRODUCE mission or most significant activities: 1

HIGH-QUALITY OBJECTIVE LOCAL JOURNALISM THAT INFORMS PUBLIC

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 2

Table with 4 columns: Description, Line Number, Value, and Reference. Includes rows for 'Number of voting members of the governing body (Part VI, line 1a) 3', 'Total number of individuals employed in calendar year 2022 17', and 'Total number of volunteers (estimate if necessary) 6'.



1

WE PLEDGE TO PRODUCE HIGH-QUALITY OBJECTIVE LOCAL JOURNALISM THAT INFORMS PUBLIC DECISION-MAKING, ADDRESSES THE QUALITY OF LIFE OF OUR COMMUNITY'S CITIZENS, HOLDS OUR POLICYMAKERS ACCOUNTABLE AND TELLS OUR READERS' STORIES BY LISTENING TO THEM AND MAKING SURE THEY ARE VALUED

Did the organization undertake any significant program services during the year which were not listed on the

2

prior Form 990 or 990-EZ?

Schedule O.

X

~~~~~  
~~~~~

Did the organization cease conducting, or make significant changes in how it conducts, any program services? X

Yes No

Yes No

If "Yes," describe these new services on

3

If "Yes," describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

1,155,842. 12,932.

4a

()()()

Code: Expenses \$ including grants of \$ Revenue \$ THE ORGANIZATION WORKS TO INFORM AND ENGAGE TEXANS WITH INFORMATION ABOUT PUBLIC POLICIES, POLITICS, AND GOVERNMENT AND STATEWIDE ISSUES THROUGH MEDIA.

4b

()()() Code: Expenses \$ including grants of \$ Revenue \$

4c

()()() Code: Expenses \$ including grants of \$ Revenue \$

Other program services (Describe on Schedule O.)

4d

()() Expenses \$ including grants of \$ Revenue \$

4e

1,155,842.

Total program service expenses

Form 990 (2022) Page **Part IV Checklist of Required Schedules**

Yes No

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? **1**

If "Yes," complete Schedule A

X

X

Schedule B, Schedule of Contributors

1

Is the organization required to complete ? See instructions **2**

2

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? **3**

public office?

X

3

If "Yes," complete Schedule C, Part I

**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?

X

4

If "Yes," complete Schedule C, Part II

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,

or **5**

similar amounts as defined in Rev. Proc. 98-19?

If "Yes," complete Schedule C, Part III

5

X

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or or accounts? **6**

investment of amounts in such funds?

6

X

Did the organization receive or hold a conservation easement, including easements to preserve open space,

**7**

the environment, historic land areas, or historic

structures?

D, Part II

7

X

If "Yes," complete Schedule

If "Yes," complete

Did the organization maintain collections of works of art,

historical treasures, or other similar assets? **8**

Schedule D, Part III

X

Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for

**9**

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

X

9

Did the organization, directly or through a related organization, hold assets in donor-restricted endowments

**10**

or in quasi endowments?

X

10

If "Yes," complete Schedule D, Part V

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,

**11**

as applicable.

Did the organization report an amount for land, buildings, and

X

equipment in Part X, line 10? **a**

If "Yes," complete Schedule D,

Part VI

Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total

**b**

assets reported in Part X, line 16?

If "Yes," complete Schedule D, Part VII

11b

X

Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total

**c**

assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* ~~~~~ **11c** X

Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in

**d**

Part X, line 16?  **11d**  
*If "Yes," complete Schedule D, Part IX* ~~~~~

Did the organization report an amount for other liabilities in Part X, line 25? **e** *D, Part X* **11e**  
*If "Yes," complete Schedule* ~~~~~ X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses **f**

the organization's liability for FIN 48 (ASC 740)? *D, Part X* **11f**  
uncertain tax positions under *If "Yes," complete Schedule* ~~~~~ X

Did the organization obtain separate, independent audited financial statements for the tax year?  *Schedule D, Parts XI and XII* ~~~~~ **12a**

**a**  
*If "Yes," complete*  
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**

**b**  
Is the organization a school described in section 170(b)(1)(A)(ii)? **13** *If "Yes," complete Schedule E 13*  
~~~~~ X

Did the organization maintain an office, employees, or agents outside the United States? **a** **14a**
14 ~~~~~ X

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,

investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more?
If "Yes," complete Schedule F, Parts I and IV ~~~~~

14b

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

15
foreign organization? ~~~~~ **15**
If "Yes," complete Schedule F, Parts II and IV X

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

16
or for foreign individuals? ~~~~~ **16**
If "Yes," complete Schedule F, Parts III and IV X

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

If "Yes," complete Schedule G, Part I.
column (A), lines 6 and 11e? See instructions ~~~~~

X

17

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

If "Yes," complete Schedule G, Part II
1c and 8a? ~~~~~ **18**

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? **19**

complete Schedule G, Part III X
 If "Yes," complete Schedule H
~~~~~

**19**  
Did the organization operate one or more hospital facilities? ~~~~~ **20**

**a**

**20a**

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~~~~~ **b**

**20b**

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* ~~~~~ 21 X

232003 12-13-22 Form (2022)

FORT WORTH REPORT 83-4688357 4

21 990

Form 990 (2022) Page **Part IV Checklist of Required Schedules** (continued)

**Yes No**  
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* ~~~~~ 22 X

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* ~ 23 X

24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* ~~~~~ 24a X

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? **24b**  
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**

Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? **24d** **25** **a** **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** X

Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* ~~~~~ **25b** X

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* ~~~~~ 26 X

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* ~~~ 27

28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):

*If*

A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? **a**

"Yes," complete Schedule L, Part IV ~~~~~ **28a**

X

A family member of any individual described in line 28a? **b** *L, Part IV* **28b**

*If "Yes," complete Schedule* ~~~~~ X

*If*

A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?

**c**

"Yes," complete Schedule L, Part IV ~~~~~ **28c**

X

Did the organization receive more than \$25,000 in non-cash contributions? **29 M** **29**

*If "Yes," complete Schedule* ~~~~~ X

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? **30**

X ~~~~~ **30**

*If "Yes," complete Schedule M* ~~~~~

Did the organization liquidate, terminate, or dissolve and cease operations? **31 Part I** **31**

*If "Yes," complete Schedule N,* ~~~~~ X

*If "Yes," complete*

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? **32**

*Schedule N, Part II* ~~~~~ **32**

X

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* ~~~~~ **33** X

Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and* **34**

*Part V, line 1* **34**

X

Did the organization have a controlled entity within the meaning of section 512(b)(13)? **35** X

**a** **35a**

*If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?* *If "Yes," complete Schedule R, Part V, line 2* ~~~~~ **35b**

**36** **Section 501(c)(3) organizations.** an exempt non-charitable related organization? Did the organization make any transfers to organization? **36**

*If "Yes," complete Schedule R, Part V, line 2* ~~~~~

X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* **37**

X

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **38**

**38** **Note:** All Form 990 filers are required to complete Schedule O ~~~~~ X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

p  
pl  
ic  
a  
bl  
e  
~  
~  
~  
~  
~  
~  
~  
~  
~  
~  
~  
1  
a

Enter the number reported in box 3  
of  
F  
or  
m  
1  
0  
9  
6.  
E  
nt  
er  
-0  
-  
if  
n  
ot  
a

2

0

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~~~~~ b

1b

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

c

X

(gambling) winnings to prize winners? ~~~~~

1c

990

232004 12-13-22  
Form (2022)

FORT WORTH REPORT 83-4688357 5

Form 990 (2022) Page

**Part V Statements Regarding Other IRS Filings and Tax Compliance** Yes No

(continued)

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,

2  
a

17

filed for the calendar year ending with or within the year covered by this return ~~~~~

2a

X

If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ b

2b

Did the organization have unrelated  
business gross income of \$1,000 or  
more during the year? **3**  
a  
X

If "Yes," has it filed a Form 990-T for *explanation on Schedule O*  
this year? **b** **3b**  
*If "No" to line 3b, provide an*

At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a

4  
a

financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~

4a

If "Yes," enter the name of the foreign country

b

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

Was the organization a party to a prohibited tax shelter transaction at  
any time during the tax year? **5**

**5a**  
X X

X

Did any taxable party notify the organization shelter transaction? **b** **5b**

that it was or is a party to a prohibited tax ~~~~~

If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~ **c**

**5c**

Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit

**6**

**a**

any contributions that were not tax deductible as charitable ~~~~~ **6a**  
contributions?

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts **b**  
were not tax deductible? **6b**  
~~~~~

X

7

Organizations that may receive deductible contributions under section 170(c).

X

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? **a**

7a

If "Yes," did the organization notify the donor of the value of the goods or services ~~~~~
provided? **b** **7b**

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required

c

to file Form 8282? ~~~~~ **7c**

X

If "Yes," indicate the number of Forms 8282 filed during the year **d** **7d**
~~~~~

Did the organization receive any funds, directly or indirectly, to pay contract? **e** **7e**  
premiums on a personal benefit ~~~~~ X

X

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~ **f**

**7f**

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~

**g**

**7g**

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

**h**

**7h**

**8**

**funds.**

**Sponsoring organizations maintaining donor advised** Did a donor advised fund maintained by the

sponsoring organization have excess business holdings at any time during the year? ~~~~~

**8**

**9**

**Sponsoring organizations maintaining donor advised funds.**

Did the sponsoring organization make any **9a** related person? **b**

taxable distributions under section 4966? **a** Did the sponsoring organization make a ~~~~~  
distribution to a donor, donor advisor, or **9b**  
~~~~~

10

Section 501(c)(7) organizations.

Enter:

Initiation fees and capital ~~~~~ of club facilities **b**

10a

contributions included on Part VIII, ~~~~~

Gross receipts, included on Form **10b**

line 12 **a** 990, Part VIII, line 12, for public use

11

Section 501(c)(12) organizations.

Enter:

Gross income from members or shareholders **a** **11a**
~~~~~

Gross income from other sources. (Do not net amounts due or paid to other sources against

**b**

amounts due or received from them.) ~~~~~

12 Is the organization filing Form 990 in lieu of Form 1041?

a Section 4947(a)(1) non-exempt charitable trusts. 12a
If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.
Is the organization licensed to issue qualified health plans in more than one state? a 13a

Note: the organization must report on Schedule O.
See the instructions for additional information
Enter the amount of reserves the organization is required to maintain by the states in which the

b organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand during the tax year? a 13c

14 Did the organization receive any payments for indoor tanning services 14a
X If "Yes," has it filed a Form 720 to report these payments? b 14b
If "No," provide an explanation on Schedule O

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 the instructions and file Form 4720, Schedule N. institution subject to the section 4968 excise tax on net investment income? X

16 Is the organization an educational institution? 16

Section 501(c)(21) organizations. other person engage in any activities
Did the trust, or any disqualified or

17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," 990
complete Form 6069. 17

Part VI Governance, Management, and Disclosure. response

For each "Yes" response to lines 2 through 7b below, and for a "No" to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI Section A.
Governing Body and Management

Enter the number of voting members of the governing body a 1a
at the end of the tax year 1 7 Yes No

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

Enter the number of voting members included on line 1a, above, who are independent b 1b
7

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? X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

~~~~~ Did the organization become aware diversion of the organization's ~~~~~  
4 during the year of a significant assets? **5** **5**
X

Did the organization have members or stockholders? **6** ~~~~~
X

Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or a
7 more members of the governing body? ~~~~~ **7a** X

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or
b persons other than the governing body? **7b** ~~~~~
X

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by
the following: **8**
a ~~~~~ **8a** ~~~~~ **8b**
The governing body? Each committee with authority to act on behalf X
X
~~~~~ of the governing body? **b**

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  
**9** ~~~~~ X  
*If "Yes," provide the names and addresses on Schedule O* **9**

organization's mailing address? □□□□□□□□□□□□□□□□  
**Section B. Policies** *Internal Revenue Code.) Yes No*

*(This Section B requests information about policies not required by the*

**10** Did the organization have affiliates? ~~~~~ X  
**a** local chapters, branches, or ~~~~~ **10a**

If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, **b**  
and branches to ensure their operations are purposes? **10b**  
consistent with the organization's exempt ~~~~~ X

Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  
**11** ~~~~~ X  
**a** **11a**

Describe on Schedule O the process, if any, used by the organization to review this Form 990.  
**b** ~~~~~ X  
*If "No," go to line 13*  
Did the organization have a written conflict of interest policy? ~~~~~ **12a** **12a**

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **b** **12b**  
~~~~~ X

Did the organization regularly and consistently monitor and *If "Yes," describe*
enforce compliance with the policy? **c**
on Schedule O how this was done Did the organization have a written whistleblower policy?
X X
~~~~~ **12c** ~~~~~ **13**

**13**  
**14** Did the organization have a written document retention and destruction policy? ~~~~~ **14** X

Did the process for determining compensation of the following persons include a review and approval by independent  
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
The organization's CEO, Executive Director, or top management official **a** ~~~~~ X  
**15a**

X

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

16a

taxable entity during the year? ~~~~~

X

16a

If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

b

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ~~~~~ 16b

Section C. Disclosure

List the states with which a copy of this Form NONE

990 is required to be filed 17

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

18

X X

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

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

19

State the name, address, and telephone number of the person who possesses the organization's books and records

20

THE ORGANIZATION - 817-878-3595
3008 E ROSEDALE ST, FORT WORTH, TX 76105

990

Form 990 (2022) Page Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ~~~~~ Section A. Officers,

Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

1a

List all of the organization's officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. current

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

current

List the organization's five highest compensated employees (other than an officer, director, trustee, or key employee)

current

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's officers, key employees, and highest compensated employees who received more than \$100,000 of

former

reportable compensation from the organization and any related organizations.

List all of the organization's that received, in the capacity as a former director or trustee of the organization,

former directors or trustees

more than \$10,000 of reportable compensation from the organization and any related organizations.

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

compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F)

Check this box if neither the organization nor any related organization

Table with 8 columns: Name and title, Average hours per week, Position, Reportable compensation, (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director, Reportable compensation the, Reportable compensation other from related organizations, Estimated amount of compensation. Rows include COBLER, TERRELL, MEADOWS, JOHN, AULD, DIRECTOR, MITCH, etc.

|                 |       |       |       |                                                                    |                              |               |
|-----------------|-------|-------|-------|--------------------------------------------------------------------|------------------------------|---------------|
|                 |       |       |       | Forme <sup>f</sup><br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | 0 .                          |               |
|                 |       |       |       |                                                                    | 0 .                          |               |
|                 |       |       |       |                                                                    | 0 .                          |               |
|                 |       |       |       |                                                                    | 0 .                          | from the      |
|                 |       |       |       | 140,000 .                                                          |                              | organization  |
|                 |       |       |       |                                                                    |                              | and related   |
|                 |       |       |       | 103,000 .                                                          | 0 .                          | organizations |
|                 | X     |       |       |                                                                    |                              |               |
|                 | 2 .00 |       |       |                                                                    |                              |               |
|                 |       |       |       |                                                                    |                              |               |
|                 |       | X     |       |                                                                    | 0 .                          | 4,497 .       |
| 232007 12-13-22 |       | 1 .00 |       |                                                                    |                              |               |
| hours for       |       |       |       |                                                                    |                              |               |
| related         |       |       |       |                                                                    |                              |               |
| organizations   |       |       |       |                                                                    |                              |               |
| below           |       |       | X     |                                                                    | 0 .                          | 0 .           |
| line)           |       |       | 1 .00 |                                                                    |                              |               |
| 50 .00          |       |       |       | X                                                                  | 0 .                          | 0 .           |
|                 |       |       |       | Institutional trustee <sup>e</sup>                                 |                              |               |
| 50 .00          |       |       |       | Office <sup>f</sup>                                                | 0 .                          | 0 .           |
|                 |       |       |       |                                                                    | (W-2/1099-MISC/<br>1099-NEC) |               |
| 5 .00           |       |       |       | X                                                                  |                              | 0 .           |
|                 | X     |       |       |                                                                    |                              |               |
|                 | 1 .00 |       |       | X                                                                  |                              | 0 .           |
|                 |       |       |       | X                                                                  |                              | 0 .           |
|                 |       |       |       | X                                                                  | 0 .                          | 0 .           |
|                 |       |       |       | X                                                                  |                              |               |
|                 |       |       |       | X                                                                  |                              |               |
|                 |       | X     |       |                                                                    |                              |               |
| X               |       | 1 .00 |       | Key employe <sup>e</sup>                                           | 0 .                          |               |
| 5 .00           |       |       |       | Highest compensate <sup>d</sup>                                    |                              |               |
|                 |       |       |       | employe <sup>e</sup>                                               | 0 .                          |               |

**990**  
Form (2022)

FORT WORTH REPORT 83-4688357 8

Form 990 (2022) Page

**Part VII** Trustees, Key Employees, and Highest (continued)  
**Section A. Officers, Directors, Compensated Employees**

| Average   | Position      | Name and title Reportable                                                  | Estimated                                                              | (A)                             | (B)                                 | (C)                       | (D) | (E) | (F) |
|-----------|---------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|-------------------------------------|---------------------------|-----|-----|-----|
| hours for | line)         | Reportable                                                                 | the                                                                    | compensation from               | compensation from                   | amount of                 |     |     |     |
| related   | organizations | hours per week (list any (do not check more than one box, unless person is | both an officer and a director/trustee) Individual trustee or director | employee                        | related organizations               | other compensation        |     |     |     |
| below     | organizations | Institutional trustee Highest compensate <sup>d</sup>                      | Office <sup>f</sup>                                                    | Forme <sup>f</sup> organization | (W-2/1099-MI SC/ 1099-NEC) from the | and related organizations |     |     |     |

**Subtotal**  
 ~~~~~  
 ~~~~~  
 243,000. 0. 4,542.

**1b**

**c** **Section A** 0. 0. 0.

**Total from continuation sheets to Part VII,** ~~~~~

**d** **Total (add lines 1b and 1c)**  243,000. 0. 4,542.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

**2** compensation from the organization

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services *If "Yes," complete Schedule J for such person*

**3** Did the organization list any officer, director, trustee, key employee, or highest compensated employee on **former**

*If "Yes," complete Schedule J for such individual*  
 line 1a? ~~~~~

rendered to the organization?  **5**

**2**  
**Yes No X**

**3**  
**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization *If "Yes," complete Schedule J for such individual*   
 and related organizations greater than \$150,000? ~~~~~

**4**  
**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) (B) (C)

NONE

Name and business address Description of services Compensation



(i) Real (ii) Personal  
**6 a** rents **6 a**  
 Gross ~~~~~

**b** Rental income or **6b**  
**c** (loss) Net rental **6c**  
**d** income or (loss) □□□□□□□□□□□□□□□□  
**7 a** Gross amount from (i) Securities (ii) Other  
 Less: rental expenses sales of assets other **7 a**  
 ~ than inventory

**b** Less: other  
 cost or basis  
 and sales **7b** (loss)  
**Other** expenses **c** ~~~~~  
**Revenue** ~~~ Gain or **7c**

Net gain or (loss) □□□□□□□□□□□□□□□□ **d**

**8** Gross from events  
**a** income fundraising (not  
 contributions expenses  
 reported on line ~~~~~  
 1c). See Part IV,  
**b** line 18  
 including \$ of ~~~~~ **8 a 8b**  
 Less: direct

**c** Gross income from gaming  
**9 a** activities. See  
 Net income or (loss) from Part IV, line 19 ~~~~~  
 fundraising events □□□□□□ **9a**

**b** Less: direct ~~~~~  
 expenses **9b**

**c** Gross sales of □□□□□□□□ **10a**  
**10 a** inventory, less returns  
 Net income or (loss) and allowances  
 from gaming activities ~~~~~

**b** goods sold **10b**  
 Less: cost of ~~~~~

**c** from sales of inventory  
 Miscellaneous<sup>S</sup> □□□□□□□□ Business Code  
 Net income or (loss)

INCOME 541900 64 . 64 .

See instructions

**Revenue**  
**11 a b**

□□□□□□□□□□□□□□

**c**  
**d** All other revenue  
 ~~~~~

2,391,450 .

e Add lines 11a-11d
 MISCELLANEOUS □□□□□□□□□□□□□□

64 .

12
Total.

12,932 . 0 . 3,557 .

Total revenue.

990

232009 12-13-22
 Form (2022)

FORT WORTH REPORT 83-4688357

Form 990 (2022) Page **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 □□□□□□□□□□□□□□□□□□□□

Do not include amounts reported on lines 6b, (A) (B) (C) (D)
 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and general expenses
 expenses Fundraising expenses

Grants and other assistance to domestic
 organizations **1**
 governments. other assistance
2 See Part IV, line to domestic
 and domestic 21 Grants and ~

individuals. See Part IV, lines 15 and 16 ~~~~
 individuals. See Part IV, line 22 ~~~~~ Grants Benefits paid to or for members ~~~~~
 and other assistance to foreign **4**
3 Compensation of current officers, directors, **5**
 organizations, foreign governments, and foreign trustees, and key employees ~~~~~

Compensation not included above to disqualified
6
 persons (as defined under section 4958(f)(1)) and

247,542.

section 4958(c)(3)(B)
 ~~~

persons described in

|                                                   |                                              |                                                     |                              |                        |                        |
|---------------------------------------------------|----------------------------------------------|-----------------------------------------------------|------------------------------|------------------------|------------------------|
| Other salaries and wages ~~~~~                    | <b>10</b>                                    |                                                     | 653,942.                     | 61,859.                | 167,904.               |
| <b>7</b>                                          | Fees for services (nonemployees):            |                                                     |                              |                        |                        |
| Pension plan accruals and contributions (include  | <b>11</b>                                    |                                                     |                              |                        |                        |
| <b>8</b>                                          | 883,705.                                     |                                                     | 28,957.                      | 2,739.                 | 7,435. 63,709.         |
| section 401(k) and 403(b) employer contributions) |                                              |                                                     |                              |                        |                        |
| Other employee benefits ~~~~~                     |                                              |                                                     | 6,027.                       | 16,358.                |                        |
| <b>9</b>                                          | 39,131. 86,094.                              |                                                     |                              |                        |                        |
| Payroll taxes ~~~~~                               |                                              |                                                     |                              |                        |                        |
| ~~~~~Legal                                        |                                              |                                                     |                              |                        |                        |
| <b>a</b>                                          | ~~~~~                                        |                                                     |                              |                        |                        |
| Management <b>b</b>                               | ~~~~~                                        |                                                     |                              |                        |                        |
| <b>c</b>                                          | Accounting                                   | 9,626.                                              | 7,123.                       | 674.                   | 1,829.                 |
| <b>d</b>                                          | Lobbying                                     |                                                     |                              |                        |                        |
| ~~~~~                                             |                                              |                                                     |                              |                        |                        |
| Professional fundraising services. See Part IV,   |                                              |                                                     |                              |                        |                        |
| line 17 <b>e</b>                                  |                                              |                                                     |                              |                        |                        |
| Investment management ~~~~~                       |                                              |                                                     |                              |                        |                        |
| fees <b>f</b>                                     |                                              |                                                     |                              |                        |                        |
| <b>g</b>                                          | Other. amount exceeds                        |                                                     |                              |                        |                        |
|                                                   | (If line 11g 10% of line 25,                 |                                                     |                              |                        |                        |
| column (A), amount, list line 11g expenses on     | 61,270.                                      |                                                     | 45,340.                      | 4,289.                 | 11,641.                |
| Sch O.)                                           |                                              |                                                     |                              |                        |                        |
| <b>12</b>                                         | 61,026.                                      | <b>13</b>                                           | 43,581.                      | 4,123.                 | ~~~~~                  |
| Advertising and promotion                         | 45,159. 4,272.                               | Office expenses                                     | 11,190.                      |                        | 9,487.                 |
| ~~~~~                                             | 11,595.                                      | ~~~~~                                               |                              |                        | 7,020. 664. 1,803.     |
|                                                   |                                              | 58,894.                                             | <b>14</b>                    |                        | Information technology |
| <b>15</b>                                         | Royalties                                    |                                                     |                              |                        |                        |
| ~~~~~                                             |                                              |                                                     |                              |                        |                        |
| Occupancy ~~~~~                                   |                                              | Payments of travel or entertainment expenses        | <b>19</b>                    |                        |                        |
| <b>16</b>                                         |                                              | <b>18</b>                                           | 4,665. 7,901.                |                        |                        |
| Travel ~~~~~                                      |                                              | for any federal, state, or local public officials ~ | 3,452. 327. 886. 5,847. 553. |                        |                        |
| <b>17</b>                                         |                                              | Conferences, conventions, and meetings ~            | 1,501.                       |                        |                        |
|                                                   | Interest                                     | Payments to                                         |                              |                        |                        |
|                                                   | ~~~~~                                        | affiliates                                          |                              |                        |                        |
|                                                   | ~~~~~                                        | ~~~~~                                               |                              |                        |                        |
| <b>20</b>                                         | <b>21</b>                                    |                                                     |                              |                        |                        |
| <b>22</b>                                         | ~~~~~                                        | 376. 36. 97.                                        | Insurance                    |                        | 12,339. 1,167.         |
| Depreciation, depletion, and amortization         | 509.                                         | <b>23</b>                                           | ~~~~~                        |                        | 3,168.                 |
|                                                   |                                              |                                                     | 16,674.                      |                        |                        |
| <b>24</b>                                         | line 25, column (A), amount, list line       | 106.                                                |                              | 7,012. 663. 1,800. 81. |                        |
|                                                   | 24e expenses on Schedule O.)                 |                                                     |                              | 8. 17. 53. 2. 13.      |                        |
|                                                   | SUBSCRIPTIONS                                |                                                     |                              |                        |                        |
|                                                   | EVENT EXPENSES                               |                                                     |                              |                        |                        |
| <b>a</b>                                          | REPAIRS & MAINTENANCE                        |                                                     |                              |                        |                        |
| <b>b</b>                                          | BANK SERVICE CHARGES                         |                                                     |                              |                        |                        |
| <b>c</b>                                          |                                              |                                                     |                              |                        |                        |
| <b>d</b>                                          | All other expenses                           |                                                     |                              |                        |                        |
| <b>e</b>                                          |                                              |                                                     |                              |                        |                        |
| Other expenses. Itemize expenses                  |                                              | 68.                                                 |                              |                        |                        |
| not covered above. (List                          |                                              | 34,892. 3,301. 8,959.                               |                              |                        |                        |
| miscellaneous expenses on line 24e.               | 47,152. 18,619. 9,475. 13,778. 1,303. 3,538. |                                                     |                              |                        |                        |
| If line 24e amount exceeds 10% of                 |                                              |                                                     |                              |                        |                        |
| <b>25</b>                                         | <b>Total functional expenses.</b>            | 1,561,944.                                          | 1,155,842.                   | 109,335.               | 296,767.               |
|                                                   | Add lines 1 through 24e                      |                                                     |                              |                        |                        |
| <b>26</b>                                         | <b>Joint costs.</b> line only if the         |                                                     |                              |                        |                        |
| Complete this organization                        |                                              |                                                     |                              |                        |                        |

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

Form (2022)

232010 12-13-22  
if following SOP 98-2 (ASC 958-720)

**990**

FORT WORTH REPORT 83-4688357

11

Form 990 (2022) Page **Part X Balance Sheet**

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

|     |                                                                                                                                                                                                                 |          |          | (A)               | (B)                    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-------------------|------------------------|
|     |                                                                                                                                                                                                                 |          |          | Beginning of year | End of year            |
| 1   | Cash - non-interest-bearing                                                                                                                                                                                     | 808,066. | 991,951. | 1                 |                        |
| 2   | Savings and temporary cash investments                                                                                                                                                                          |          |          |                   | 0. 603,494. 2          |
| 3   | receivable, net                                                                                                                                                                                                 |          | 3        |                   |                        |
| 3   | Pledges and grants                                                                                                                                                                                              |          |          |                   |                        |
|     | Accounts receivable, net                                                                                                                                                                                        |          |          |                   |                        |
| 4   |                                                                                                                                                                                                                 |          |          |                   | 4                      |
| 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |          |          |                   | 5                      |
| 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                                                               |          |          |                   | 6                      |
| 7   | Notes and loans receivable, net                                                                                                                                                                                 |          |          |                   | 7                      |
| 8   | Inventories for sale or use                                                                                                                                                                                     |          |          |                   | 8                      |
| 9   | Prepaid expenses and deferred charges                                                                                                                                                                           |          |          |                   | 9                      |
| 10  | Land, buildings, and equipment: cost or other basis. Complete Part VI of                                                                                                                                        | 42,635.  |          |                   |                        |
| 10a | Schedule D depreciation                                                                                                                                                                                         |          |          |                   |                        |
| 10b | Less: accumulated depreciation                                                                                                                                                                                  |          |          |                   | 508. 0. 42,127. 10c    |
| 11  | Investments - publicly traded securities                                                                                                                                                                        |          |          |                   | 12 13                  |
| 11  | Investments - program-related. See Part IV, line 11                                                                                                                                                             |          |          |                   | 14                     |
| 11  | Investments - other securities. See Part IV, line 11                                                                                                                                                            |          |          |                   | 14                     |
| 15  | Other assets. See Part IV, line 11                                                                                                                                                                              |          |          |                   | 15                     |
| 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal)                                                                                                                                                        |          |          | line 33           | 808,066. 1,637,572. 16 |
| 17  | Accounts payable and accrued expenses                                                                                                                                                                           |          |          |                   | 17                     |
| 18  | Grants payable                                                                                                                                                                                                  |          |          |                   | 19                     |
| 18  | Deferred revenue                                                                                                                                                                                                |          |          |                   | 20                     |
| 18  | Tax-exempt bond liabilities                                                                                                                                                                                     |          |          |                   | 20                     |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                           |          |          |                   | 21                     |
| 21  | Loans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons                |          |          |                   | 22                     |
| 23  | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                  |          |          |                   | 23                     |
| 24  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                    |          |          |                   | 23                     |

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 ~~~~~

26 Add lines 17 through 25  X 0. 0. 26 Total liabilities. Organizations that follow FASB ASC 958, check here

Net Assets or Fund Balance<sup>S</sup>

and complete lines 27, 28, 32, and 33.

808,066. 208,737.

27 restrictions 27 Net assets without donor ~~~~~

28 Net assets with donor restrictions ~~~~~ 28 1,428,835.

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

Paid-in or capital surplus, or land, building, or equipment fund 30 30

Retained earnings, endowment, accumulated income, or other funds 31 31 808,066. 1,637,572.

Total net assets or fund balances ~~~~~ 808,066. 1,637,572.

32 Total liabilities and net assets/fund balances  33 990

32 Form (2022)

Form 990 (2022) Page Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI  line 25) 2

Revenue less expenses. Subtract line 2 from line

Total revenue (must equal Part VIII, column (A), line 12) ~~~~~ 1 3

1 Total expenses (must equal Part IX, column (A), ~~~~~ 2 3

2,391,450. 1,561,944. 829,506.

Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 808,066.

Net unrealized gains (losses) on investments 5 ~~~~~ 5

6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments

~~~~~ 6 ~~~~~ 7 ~~~~~ 8

Other changes in net assets or fund balances (explain on Schedule O) 9 ~~~~~ 9 0.

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,

10 column (B)) 10 1,637,572.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII Yes No

Accounting method used to prepare the Form 990: Cash Accrual Other

1

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

X

Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~ 2

a

2a

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

X

Were the organization's financial statements audited by an independent accountant? ~~~~~ b

2b

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~~~~~

c

2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

3

a

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

X

3a

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

b

3b

990 Form (2022)

Name of the organization Employer identification number FORT WORTH REPORT 83-4688357

Part I Reason for Public Charity Status. instructions.

(All organizations must complete this part.) See

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or **section 170(b)(1)(A)(i).**
association of churches described in

2 **section 170(b)(1)(A)(iii).**

3 A medical research organization operated in conjunction with a hospital
described in Enter the hospital's name,

4

5 **section 170(b)(1)(A)(iii).**

A school described in (Attach Schedule E (Form 990).)

section 170(b)(1)(A)(ii).

city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

A hospital or a cooperative hospital service organization described in
(Complete Part II.)

section 170(b)(1)(A)(iv).

governmental unit described in

A federal, state, or local government or

6 X

section 170(b)(1)(A)(v).

7

from a governmental unit or from the general public described in

An organization that normally receives a substantial part of its support

section 170(b)(1)(A)(vi).
(Complete Part II.)

8

more than 33 1/3% of its support from gross investment income and
unrelated business taxable income (less section 511 tax) from businesses
acquired by the organization after June 30, 1975. See (Complete Part III.)

9

section 509(a)(2).

10

An organization organized and operated exclusively to test for public safety.
See

11

12

A community trust described in (Complete Part II.)

section 170(b)(1)(A)(vi).

section 509(a)(4).

An agricultural research organization described in operated in conjunction
with a land-grant college

section 170(b)(1)(A)(ix)

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 or . See Check the box on
section 509(a)(1) section 509(a)(2) section 509(a)(3).

or university or a non-land-grant college of agriculture (see instructions).

Enter the name, city, and state of the college or university:

An organization that normally receives (1) more than 33 1/3% of its support
from contributions, membership fees, and gross receipts from activities
related to its exempt functions, subject to certain exceptions; and (2) no

lines 12a through 12d that describes the type of supporting organization
and complete lines 12e, 12f, and 12g.

a **Type I.** supervised, or controlled by its supported
A supporting organization operated, 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. **Sections A and B.**
You must complete Part IV,

b **Type II.** controlled in connection with its supported
A supporting organization supervised or organization(s), by having
control or management of the supporting organization vested in the same persons that control or manage the supported
organization(s).
A supporting organization operated in connection with, and
functionally integrated with,

You must complete Part IV, Sections A and C.

c **Type III functionally integrated.** **You must complete Part IV, Sections A, D, and E.**
its supported organization(s) (see instructions).

d **Type III non-functionally integrated.** connection with its supported organization(s)
A supporting organization operated in

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **D, and Part V.**

You must complete Part IV, Sections A and

e functionally integrated, or Type III non-functionally integrated supporting organization.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

Enter the number of supported organizations ~~~~~

f Provide the following information about the supported organization(s).

g (i) Name of supported (ii) (iii) (v) (vi) (iv) Is the organization listed

in your governing document?

Yes No

organization
 Type of organization (described on lines 1-10 above (see instructions))
 Amount of monetary support (see instructions)
 Amount of other support (see instructions)

Total
 EIN

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022 232021 12-09-22

FORT WORTH REPORT 83-4688357

Schedule A (Form 990) 2022 Page

2

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) | (b) | (c) | (d) | (e) | (f) | 2018 | 2019 | 2020 | 2021 | 2022 | Total |
|--|---|--------------|----------------|---------|-----|-----|----------|----------|----------|----------|----------|-------|
| 1 2 3 | revenues levied for the organization's | organization | without charge | ~ | | | | | | | | |
| | benefit and either paid to | or | | | | | 50,000. | 1445799. | | | | |
| | expended on its behalf | ~~~~ | The | 53,500. | | | 2374961. | 3924260. | | | | |
| Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | value of services or facilities furnished | | the | | | | | | | | | |
| ~~~~ Tax by a governmental unit to | | | | | | | | | | | | |
| Total. | Add lines 1 through 3 | ~~~~ | | | | | 53,500. | 50,000. | 1445799. | 2374961. | 3924260. | |

4

5 column (f) ~~~~~

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,

6 Public support.
Subtract line 5 from line 4.
2189336.

1734924.

Section B. Total Support Calendar year (or fiscal year beginning in)

2018 2019 2020 2021 2022 Total (a) (b) (c) (d) (e) (f)

7 8 business activities, whether or not the business is regularly carried on ~ Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~ 3,493.
9 10 53,500. 50,000. 1445799.

Amounts from line 4 ~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Net income from unrelated 64. 64.
2374961. 3924260. 3,493.

11 **Total support.** Add lines 7 through 10 3927817.
Gross receipts from related activities, etc. (see instructions) **12**
~~~~~ **12** 13,288.

**13** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) X  
**First 5 years.**  
organization, check this box and ~~~~~  
**stop here**

**Section C. Computation of Public Support Percentage**

Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) ~~~~~

**14** **14** %  
**15** Public support percentage from 2021 Schedule A, Part II, line 14 ~~~~~ % and line 14 is 33 1/3% or more, check this box and  
**a**

**16** If the organization did not check the box on line 13, ~~~~~  
**33 1/3% support test - 2022.**  
**stop here.**

**b** If the organization did not check a box on line 13 box  
**33 1/3% support test - 2021.** or 16a, and line 15 is 33 1/3% or more, check this  
and The organization qualifies as a publicly supported organization ~~~~~ **stop here.**

**a** **10% -facts-and-circumstances test - 2022.** 13, 16a, or 16b, and line 14 is 10% or more,  
**17** If the organization did not check a box on line  
and if the organization meets the facts-and-circumstances test, check this box and Explain in Part VI how the organization  
**stop here.**

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~~~~~  
**b** If the organization did not check a box on line 13, 16a, 16b, or 17a,  
**10% -facts-and-circumstances test - 2021.** and line 15 is 10% or  
more, and if the organization meets the facts-and-circumstances test, check this box and Explain in Part VI how the  
**stop here.**

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~~~~~  
**18** If the organization did not check a box on line 13, instructions ~~~~~ **Schedule A (Form 990) 2022**  
**Private foundation.** 16a, 16b, 17a, or 17b, check this box and see

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Section A. Public Support

2018 2019 2020 2021 2022 Total

Calendar year (or fiscal year beginning in)

(a) (b) (c) (d) (e) (f)

1 2 Gross receipts from activities that are not an unrelated trade or business under section 513
3 4 5
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
value of services or facilities furnished by a governmental unit to the organization without charge
6 Total. Add lines 1 through 5
7 a persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
b Amounts included on lines 1, 2, and 3 received from disqualified persons
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
c Add lines 7a and 7b
8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support Calendar year (or fiscal year beginning in)

2018 2019 2020 2021 2022 Total (a) (b) (c) (d) (e) (f)

9 11
10a b
12
Amounts from line 6 Add lines 10a and 10b
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on
Other income. Do not include gain or loss from the sale of capital assets
(Explain in Part VI.)
13 support. (11, and 12.)
Total (Add lines 9, 10c, 11, and 12.)

14 First 5 years. year as a section 501(c)(3) organization,
If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year, check this box and

stop here

Section C. Computation of Public Support Percentage

Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15

Public support percentage from 2021 Schedule A, Part III, line 15

16

~~~~~ % 15

□□□□□□□□□□□□□□□□□□□□ % 16

Section D. Computation of Investment Income Percentage

Investment income percentage for (line 10c, column (f), divided by line 13, column (f)) 17

Investment income percentage from Schedule A, Part III, line 17 18

2022 ~~~~~ % 17

2021 ~~~~~ % 18

19 a If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17

33 1/3% support tests - 2022.

more than 33 1/3%, check this box and The organization qualifies as a publicly supported organization ~~~~~ stop here.

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and The organization qualifies as a publicly supported organization ~~~~~ stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

232023 12-09-22

Schedule A (Form 990) 2022

FORT WORTH REPORT 83-4688357

Schedule A (Form 990) 2022 Page

Part IV Supporting Organizations

4

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

Yes No

Organizations

Are all of the organization's supported organizations listed by name in the organization's governing

1 documents? are designated. If designated by Part VI If "No," describe in how the supported organizations class or purpose, describe the designation. If historic and continuing relationship, explain.

1

Did the organization have any supported organization that does not have an IRS determination of status

2 under section 509(a)(1) or (2)? that the supported Part VI If "Yes," explain in how the organization determined

organization was described in section 509(a)(1) or (2). organization described in section 501(c)(4), (5), or (6)? 3 If "Yes," answer 2 3a

Did the organization have a supported a lines 3b and 3c below.

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

b satisfied the public support tests under section 509(a)(2)? Part VI organization made the determination.

3b

If "Yes," describe in when and how the

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

c purposes? Part VI If "Yes," explain in what controls the organization put in place to ensure such use. 3c

If

Was any supported organization not organized in the United States ("foreign supported organization")?

4 a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign

b

supported organization? *control and discretion* **Part VI**

If "Yes," describe in how the organization had such

despite being controlled or supervised by or in connection with its supported organizations.

4b

Did the organization support any foreign supported organization that does not have an IRS determination

c

under sections 501(c)(3) and 509(a)(1) or (2)? *used* **Part VI**

If "Yes," explain in what controls the organization

to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

4c

Did the organization add, substitute, or remove any supported organizations during the tax year? **5**

answer lines 5b and 5c below (if applicable). Also, provide detail in including (i) the names and EIN

Part VI,

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).

5a

b **Type I or Type II only.** supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** beyond the organization's control? Was the substitution the result of an event **5c**

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? **Part VI.** **6**

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? **7**
If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? **8**
If "Yes," complete Part I of Schedule L (Form 990).

9 Was the organization controlled directly or indirectly at any time during the tax year by one or more

a 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.** **9a**

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which

b the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.** **9b**

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit

c from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.** **9c**

10 Was the organization subject to the excess business holdings rules of section 4943 because of section

a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* **10a**

Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to* **10b**

Part IV Supporting Organizations (continued)

Yes No

11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

11a

b A family member of a person described on line 11a above?

11b

A 35% controlled entity of a person described on line 11a If "Yes" to line 11a, 11b, or 11c, provide or 11b above? c

detail in

Part VI. 11c

Section B. Type I Supporting Organizations

Yes No

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Part VI

If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

1

2 Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Part VI

supervised, or controlled the supporting organization.

2

Section C. Type II Supporting Organizations

Yes No

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors

or trustees of each of the organization's supported organization(s)? If "No," describe in how control Part VI

or management of the supporting organization was vested in the same persons that controlled or managed

the supported organization(s).

Yes No

Section D. All Type III Supporting Organizations

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? If "No," explain in how Part VI

the organization maintained a close and continuous working relationship with the supported organization(s).

2

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? supported Part VI organizations played in this regard. 3

If "Yes," describe in the role the organization's

Section E. Type III Functionally Integrated Supporting Organizations

Check the box next to the method that the organization used to (see instructions).

satisfy the Integral Part Test during the year 1

a The organization satisfied Complete below. line 2 the Activities Test.

b each of its supported Complete below. line 3 organizations.

The organization is the parent of

c Describe in how you supported a governmental2 Activities Test. The organization supported a governmental entity (see instructions). Part VI Answer lines 2a and 2b below. Yes No entity.

Did substantially all of the organization's activities during the tax year directly further the exempt purposes of a the supported organization(s) to responsive? Part VI identify which the organization was If "Yes," then in those supported organizations and explain purposes, how these activities directly furthered their exempt how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

2a

Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, b one or more of the organization's supported the reasons for the organization's position that its organization(s) would have been engaged in? supported organization(s) would have engaged in If "Yes," explain in

Part VI these activities but for the organization's involvement.

2b

3 Parent of Supported Answer lines 3a and 3b Organizations. below.

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

a trustees of each of the supported If "Yes" or "No" provide details in 3a organizations? Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

b of its supported organizations? 232025 12-09-22 organization in this regard. Part VI If "Yes," describe in the role played by the 3b

Schedule A (Form 990) 2022

FORT WORTH REPORT 83-4688357

Schedule A (Form 990) 2022 Page

6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ().

explain in 1 Part VI See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(B) Current Year (optional)

Section A - Adjusted Net Income

(A) Prior Year

Table with 2 columns: Description and Line Number. Rows include: Net short-term capital gain (1), Recoveries of prior-year distributions (2), Other gross income (see instructions) (3), Add lines 1 through 3. (4), Depreciation and depletion (5), Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) (6), Other expenses (see instructions) (7).

(subtract lines 5, 6, and 7 from line 4)

8 Adjusted Net Income 8 Section B - Minimum (B) Current Year (optional)

Asset Amount (A) Prior Year
1 Average monthly cash balances

a
b
c
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
Average monthly value of securities

1b

Fair market value of other non-exempt-use assets

1c

1a
d **Total** (add lines 1a, 1b, and 1c)
e **Discount** blockage or other factors claimed for

explain in detail in ():

Part VI

2 Acquisition indebtedness applicable to non-exempt-use assets

2

3 Subtract line 2 from line 1d.

3

4 Cash deemed held for exempt use. Enter 0.015 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 0.035.

6

7 Recoveries of prior-year distributions

7

8 **Minimum Asset Amount** (add line 7 to line 6)

Current Year

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, column A)

1

2 Enter 0.85 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.** 4, unless subject to Subtract line 5 from line 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).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)* Section D -

Distributions Current Year

| | | |
|----|---|----|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required -) <i>provide details in</i> | 5 |
| | Part VI | |
| 6 | Other distributions (). See instructions. <i>describe in</i> | 6 |
| | Part VI | |
| 7 | Total annual distributions. Add lines 1 through 6. 7 | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive <i>provide details in</i> (). See instructions. | 8 |
| | Part VI | |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| | | | | |
|---|--------------------|---|--|-------------|
| | | (i) | (ii) | (iii) |
| Section E - Distribution Allocations | (see instructions) | Excess Distributions Underdistributions | Pre-2022 Distributable Amount for | 2022 |
| 1 | | Distributable amount for 2022 from Section C, line 6 | | |
| 2 | | Underdistributions, if any, for years prior to 2022 (reason | | |
| 3 | | <i>explain in</i> | | |
| a | | able cause required -). See | | |
| b | | instructions. | | |
| c | | | | |
| d | | | | |
| e | | Part VI | | |

Excess distributions carryover, From 2019
 if any, to 2022 From 2017 From 2020
 From 2018 From 2021

f **Total** through 3e
 of lines 3a

g from line 3f. Distributions for
h 2022 from Section D,
i line 7: \$
j Applied to underdistributions of
4 prior years
 Applied to 2022 distributable
 amount

a Remainder. Subtract lines 4a
b and 4b from line 4. Remaining
c underdistributions for years prior
5 to 2022, if any. Subtract lines 3g
 and 4a from line 2. For result
 greater *explain in*
6 than zero, See instructions.
 Applied to underdistributions of **Part VI.**
 prior years

Applied to 2022 distributable
 amount Remaining underdistributions for
 2022. Subtract lines 3h
 and 4b from line 1. For result
 greater than zero,
 Carryover from 2017 not applied *explain in*
 (see instructions) Remainder.
 Subtract lines 3g, 3h, and 3i
 instructions.
Part VI
 . See

7 Excess from 2018
 Excess from 2019
8 Excess from 2020
a Excess from 2021
b Excess from 2022
c Add lines 3j
d
e

Schedule A (Form 990) 2022
Excess distributions carryover to 2023. and 4c.
 Breakdown of line 7:

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
 Part III, line 12;

8 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.)

THE ORGANIZATION BEGAN OPERATIONS IN 2019, AS SUCH, THE 2019 RETURN IS A SHORT YEAR RETURN.

Schedule A (Form 990) 2022

232028 12-09-22

FORT WORTH REPORT 83-4688357 **Identification of Excess Contributions**

Schedule A 2022 Included on Part II, Line 5

**** Do Not File ****

***** Not Open to Public Inspection *****

| Contributor's Name | Total
Contributions
Excess | Contributions |
|---------------------------|---|----------------------|
|---------------------------|---|----------------------|

THE BURNETT FOUNDATION 1,266,500. 1,187,944.

| | | |
|------------------------------|-------------------------------|------------------------------|
| SID W. RICHARDSON FOUNDATION | WILLIAM & CATHERINE BRYCE | 80,000 . 100,000 . 100,000 . |
| KLEINHEINZ FAMILY FOUNDATION | MEMORIAL TRUST INASMUCH | 100,000 . 120,540 . |
| KNIGHT FOUNDATION | FOUNDATION | 78,444 . 46,444 . 171,444 . |
| TEXAS HEALTH RESOURCES | RAINWATER FOUNDATION | 71,444 . 71,444 . 1,444 . |
| MARILYN BRACHMAN HOFFMAN | DAVID PORTER | 21,444 . 21,444 . 21,444 . |
| FOUNDATION AMON G. CARTER | 157,000 . 125,000 . 250,000 . | 41,984 . |
| FOUNDATION | 150,000 . 150,000 . | |

~~~~~  
1,734,924 .

Total Excess Contributions to Schedule A, Part II, Line 5

223171 04-01-22

**Schedule B Schedule of Contributors** OMB No. 1545-0047

(Form 990)

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

**2022**

Attach to Form 990 or Form 990-PF.

FORT WORTH REPORT 83-4688357 (check one):

Organization type

Filers of: Section:

X 3

Form 990 or 990-EZ 501(c)( ) (enter number) organization

treated as a private foundation **not**

527 political organization

4947(a)(1) nonexempt charitable trust

Form 990-PF 501(c)(3) exempt private foundation

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

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

**Note:**

**General**

**Rule X**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or

property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**(1) (2)**  
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, contributions for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box *exclusively* is checked, enter here the total contributions that were received during the year for an religious, charitable, etc., purpose. Don't complete any of the parts unless the applies to this organization because it received **General Rule** *nonexclusively*

For an organization described in section 501(c)(7), (8), or (10) filing Form religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ \$

An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **Caution: 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).

**For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) LHA**

Name of organization

**Employer identification number**

FORT WORTH REPORT 83-4688357

(see instructions). Use duplicate copies of Part I if additional space is needed.

**Part I Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

1 X

AMERICAN JOURNALISM  
PROJECT

**Person Payroll**

225,000.

WASHINGTON , DC  
20001

(Complete Part II for  
noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Noncash	(d) Type of contribution
718	7TH ST NW	\$	

2 X

AMON G. CARTER FOUNDATION **Person Payroll**

210 MAIN ST, STE

50,000.

1945 FORT WORTH,

(Complete Part II for  
noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Noncash	(d) Type of contribution
	TX 76102	\$	

3 X

BANK OF AMERICA **Person Payroll**

10,000.

FORT WORTH, TX  
76107

(Complete Part II for  
noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Noncash	(d) Type of contribution
2725	W 7TH ST	\$	

4 X

BILL MEADOWS **Person Payroll**

FORT WORTH, TX

76107

(Complete Part II for  
noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Noncash	(d) Type of contribution
121	RIVERCREST DR	\$	

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-----	----------------------------	---------------------	----------------------

5 X

BNSF RAILWAY FOUNDATION **Person Payroll**

10,000.

FORT WORTH, TX  
76131

(Complete Part II for  
noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Noncash	(d) Type of contribution
2500	LOU MENK DR	\$	

6 X

DAVID PORTER **Person Payroll**

1110 BROAD AVE

\$

Noncash

contributions.)

45,180.

FORT WORTH, TX 76107

(Complete Part II for noncash

223452 11-15-22 **Schedule B (Form 990) (2022)**

Schedule B (Form 990) (2022) Page

**Employer identification number**

Name of organization

FORT WORTH REPORT 83-4688357

**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 Noncash	(d) Type of contribution
------------	-----------------------------------	---------------------------------------	-----------------------------

**Type of contribution**

7 X  
 INASMUCH FOUNDATION **Person Payroll**  
 210 PARK AVE, STE 50,000.  
 3150 OKLAHOMA (Complete Part II for  
 noncash contributions.)  
 CITY, OK 73012  
**(a) (b) (c) (d)**  
**No. Name, address, and ZIP + 4 Total contributions Type of contribution**  
**\$ Noncash**

8 X  
 JIM HARRIS **Person Payroll**  
 FORT WORTH, TX (Complete Part II for  
 noncash contributions.)  
 76107  
**(a) (b) (c) (d)**  
 311 UNIVERSITY DR \$ 5,000.  
**No. Name, address, and ZIP + 4 Total contributions Type of contribution**  
**\$ Noncash**

9 X  
 KATRINE M DEAKINS **Person Payroll**  
 CHARITABLE FUND  
 P.O. BOX 653067 25,000. (c) contributions.)  
 DALLAS, TX 75265 (a) (b) (d)  
 \$ **No. Name, address, and ZIP + 4**  
**Noncash Total contributions**  
**Type of contribution**  
 (Complete Part II for noncash

10 X  
 KLEINHEINZ FAMILY **Person Payroll**  
 FOUNDATION  
 301 COMMERCE ST, 125,000.  
 STE 1900 FORT (Complete Part II for  
 noncash contributions.)  
 WORTH, TX 76102  
**(a) (b) (c) (d)**  
**No. Name, address, and ZIP + 4 Total contributions Type of contribution**  
**\$ Noncash**

11 X  
 KNIGHT FOUNDATION **Person Payroll**  
 2850 TIGERTAIL 100,000.  
 AVE, STE 600 (Complete Part II for  
 noncash contributions.)  
 MIAMI, FL 33133  
**(a) (b) (c) (d)**  
**No. Name, address, and ZIP + 4 Total contributions Type of contribution**  
**\$ Noncash**

12 X  
 LOCAL INDEPENDENT ONLINE 4023 KENNETT PIKEM, STE 39,501.  
 NEWS 50019 **Noncash**  
**Person Payroll** \$ (Complete Part II for noncash contributions.)  
 WILMINGTON, DE 19807

FORT WORTH REPORT 83-4688357

(see instructions). Use duplicate copies of Part I if additional space is needed.

**Part I Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13 X	MARIANNE AULD Person Payroll 201 MAIN ST, STE 2500 FORT WORTH,	12,500.	(Complete Part II for noncash contributions.)
(a) No.	TX 76102	(b) Name, address, and ZIP + 4 Total contributions Noncash \$	(d) Type of contribution
14 X	MARILYN BRACHMAN HOFFMAN FOUNDATION Person Payroll 1445 ROSS AVE, STE 3700 DALLAS,	75,000.	(Complete Part II for noncash contributions.)
(a) No.	TX 75202	(b) Name, address, and ZIP + 4 Total contributions Noncash \$	(d) Type of contribution
15 X	MARY POTISHMAN LARD TRUST FOUNDATION Person Payroll 604 EAST 4TH ST, STE 200 FORT	25,000.	(Complete Part II for noncash contributions.)
(a) No.	WORTH, TX 76102	(b) Name, address, and ZIP + 4 Total contributions Noncash \$	(d) Type of contribution
16 X	META ALICE KEITH BRATTEN FOUNDATION Person Payroll FORT WORTH, TX 76101	25,000.	(Complete Part II for noncash contributions.)
(a) No.	P.O. BOX 707	(b) Name, address, and ZIP + 4 Total contributions Noncash \$	(d) Type of contribution
17 X	NEIL FOSTER Person Payroll 76107 (b) FORT WORTH, TX	5,000.	(Complete Part II for noncash contributions.)
(a) No.	2733 CULLEN ST	(c) Total contributions Noncash	(d) Type of contribution
18 X	NORTH TEXAS COMMUNITY FOUNDATION Person Payroll		

777 MAIN ST, STE 76102

17,500.

contributions.)

Noncash

2850 FORT WORTH, TX \$

(Complete Part II for noncash

223452 11-15-22 Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page

Employer identification number

Name of organization

FORT WORTH REPORT 83-4688357

(see instructions). Use duplicate copies of Part I if additional space is needed.

Part I Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19 X	RAINWATER FOUNDATION 777 MAIN ST, STE 2250 FORT WORTH, TX 76102	Person Payroll 50,000.	(Complete Part II for noncash contributions.)
(a) No.	TX 76102	(b) Name, address, and ZIP + 4 Total contributions Noncash \$	(d) Type of contribution
20 X	SID W. RICHARDSON FOUNDATION FORT WORTH, TX 76102	Person Payroll 130,000.	(Complete Part II for noncash contributions.)
(a) No.	309 MAIN ST	(b) Name, address, and ZIP + 4 Total contributions Noncash \$	(d) Type of contribution
21 X	TEXAS HEALTH RESOURCES ARLINGTON, TX 76011	Person Payroll 75,000.	(Complete Part II for noncash contributions.)
(a) No.	612 E LAMAR BLVD	(b) Name, address, and ZIP + 4 Total contributions Noncash \$	(d) Type of contribution
22 X	THE BURNETT FOUNDATION STE 9 FORT WORTH, TX 76102	Person Payroll 600,000.	(Complete Part II for noncash contributions.)
(a) No.	801 CHERRY ST,	(b) Name, address, and ZIP + 4 Total contributions Noncash \$	(d) Type of contribution
23 X	THE GROUNDTRUTH PROJECT 10 GUEST ST BOSTON, MA 02135 (a)	Person Payroll 6,250. (c)	(Complete Part II for noncash contributions.)
\$	(b)	Noncash	(d)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24 X	V NEILS AGATHER 409 RIVERCREST DR FORT WORTH, TX 76107	5,000. Noncash	(Complete Part II for noncash contributions.)

\$

223452 11-15-22 Schedule B (Form 990) (2022)

2

Schedule B (Form 990) (2022) Page

Name of organization

Employer identification number

FORT WORTH REPORT 83-4688357

(see instructions). Use duplicate copies of Part I if additional space is needed.

**Part I Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

25 X

VERNON BRYANT  
FORT WORTH, TX  
76107

(c)  
5,000.  
Noncash

(Complete Part II for noncash contributions.)

(a)  
1712 CARLETON AVE

(b)  
\$

(d)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-----	----------------------------	---------------------	----------------------

26 X

WES TURNER  
Person Payroll

Total contributions  
Noncash

500 W 7TH ST  
\$

(Complete Part II for noncash contributions.)

FORT WORTH, TX 76102

(b)  
No.  
Name, address, and ZIP + 4  
WILLIAM & CATHERINE BRYCE  
MEMORIAL  
24,467.

(d)  
Type of contribution

(a)

(c)

27 X

TRUST

Person Payroll

P.O. BOX 227237

50,000. (c)

contributions.)

DALLAS, TX 75222 (a)

(b)

(d)

\$

Noncash

No.  
Name, address, and ZIP + 4  
Total contributions  
Type of contribution

(Complete Part II for noncash

28 X

WILLIAM E. SCOTT  
FOUNDATION

Person Payroll

801 CHERRY ST,  
STE 2000 FORT

\$  
20,000.

(a)  
No. WORTH, TX 76102

(b)  
Name, address, and ZIP + 4

(c)  
Total contributions  
Noncash

noncash contributions.)

Type of contribution

(Complete Part II for

(d)

a  
y  
r  
o  
l  
l

\$

Noncash

Type of contribution

(Complete Part II for  
noncash contributions.)

(a)  
No.

(b) Name, address, and ZIP + 4 (c) Total contributions

(d)

a  
y  
r  
o  
l  
l

\$  
Noncash

(Complete Part II for  
noncash contributions.)

223452 11-15-22 Schedule B (Form 990) (2022)

3

Schedule B (Form 990) (2022) Page

Employer identification number

Name of organization

FORT WORTH REPORT 83-4688357

additional space is needed. (c)

**Part II Noncash Property (a)**

(see instructions). Use duplicate copies of Part II if

No.  
from Part I

(a) No. from Part I (a) No. from Part I

(b) Description of noncash property given

(a) No. from Part I (a) No. from Part I (b) Description of noncash property given

(b) Description of noncash property given

(a) No. from Part I

instructions.)

\$

**(c)**  
**FMV (or estimate)** (See instructions.)

**(b)**  
**Description of noncash property given**

\$

**(b)**  
**Description of noncash property given**

**(b)**  
**Description of noncash property given**

**FMV (or estimate)** (See instructions.)

\$

**(c)**  
**FMV (or estimate)** (See instructions.)

**(c)**  
**FMV (or estimate)** (See

\$

(d)  
Date received

(d)  
Date received

(d)  
Date received

(d)  
Date received

(c)  
FMV (or estimate) (See  
instructions.)

(d)  
Date received

\$

(c)  
FMV (or estimate) (See  
instructions.)

(d)  
Date received

\$

Name of organization

Employer identification number

FORT WORTH REPORT 83-4688357

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described

in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. (a) (e) and

Complete columns through the following line entry. For organizations

\$

**\$1,000 or less**

completing Part III, enter the total of exclusively religious, charitable, etc., contributions of for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed.

(a) No.

from  
Part I

(a) No.  
from  
Part I

(a) No.  
from  
Part I

(a) No.  
from  
Part I

223454 11-15-22

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d)

Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d)

Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d)

Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Schedule B (Form 990) (2022)

# SCHEDULE D Supplemental Financial Statements

OMB No. 1545-0047

(Form 990)

on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions

and the latest information.

**2022** Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes"

Name of the organization Employer identification number FORT WORTH REPORT 83-4688357

answered "Yes" on Form 990, Part IV, line 6.

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

organization Complete if the

(a) (b)

Total number at end of year

Donor advised funds Funds and other accounts 1

Aggregate value of contributions Aggregate value of grants from

to (during year) 2

(during year) 3

~~~~~

~~~~~



provide the following amounts relating to these items:

Revenue included on Form 990, Part VIII, line 1 (i) ~~~~~ \$

(ii) Assets included in Form 990, Part X ~~~~~ \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

2

the following amounts required to be reported under FASB ASC 958 relating to these items:

Revenue included on Form 990, Part VIII, line 1 a ~~~~~ \$

b Assets included in Form 990, Part X ~~~~~ \$  
~~~~~

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

232051 09-01-22

FORT WORTH REPORT 83-46883572

Schedule D (Form 990) 2022 Page

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its

3

collection items (check all that apply):

a Public exhibition d Loan or exchange program

b Scholarly research future generations Other

c Preservation for e

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

4

During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

5

to be sold to raise funds rather than to be maintained as part of the organization's collection? ~~~~~

reported an amount on Form 990, Part X, line 21.

Yes No

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or

Part IV Escrow and Custodial Arrangements.

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included

a on Form 990, Part X? ~~~~~ Yes No

If "Yes," explain the arrangement in Part XIII and complete the following table:

b ~~~~~ Amount

c ~~~~~ 1e
Beginning balance ~~~~~ 1d f
Ending balance

~~~~~ 1c e  
Distributions during the year ~~~~~ 1f

d Additions during the year  
Did the organization include an amount on Form a ~~~~~

990, Part X, line 21, for escrow or custodial If "Yes," explain the arrangement in Part XIII.  
account liability? 2 Check here if the explanation has been provided on Part XIII Yes No

b Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

**Part V Endowment Funds.**

~~~~~  
Current year Prior year back
Two years back Three years back Four years

(a) (b) (c) (d) (e) a
Beginning of year balance ~~~~~

1 b Contributions ~~~~~

Net investment earnings, gains, and losses

c
d Grants or scholarships

(Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Description of investment Book value Method of valuation: Cost or end-of-year market value (a) (b) (c)

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Total. 990, Part X, col. (B) line (Col. (b) must equal Form 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Description Book value (a) (b)

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Description of liability

Book value

(a) (b) 1.

Federal income taxes

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements 12: 2
1 ~~~~~ 1

Amounts included on line 1 but not on Form 990, Part VIII, line

on investments a ~~~~~
Net unrealized gains (losses) 2a
b Donated services and use of facilities ~~~~~ 2b
c d ~~~~~
Recoveries of prior year grants ~ 2c ~ 2d
Other (Describe in Part XIII.)
Add lines through ~~~~~ e

2a 2d 2e Subtract line from line ~~~~~

3
2e 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

4 Investment expenses not VIII, line 7b a Other (Describe in Part XIII.)
included on Form 990, Part ~~~~~
4a ~ 4b
b ~~~~~
c ~~~~~ 4c
Add lines and 4a 4b

5 Total revenue. Add lines and 3 4c. (This must equal Form 990, Part I, line 12.) 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements 1 ~~~~~ 1

Amounts included on line 1 but not on Form 990, Part IX, line 25:

2
a use of facilities ~~~~~
Donated services and ~~~~~ 2a
b c d
Prior year adjustments Other losses Other (Describe in Part XIII.)
~~~~~  
2b ~ 2c ~ 2d  
e ~~~~~ Form 990, Part VIII, line 7b a  
3 ~~~~~  
Add lines through 2e 1  
2a 2d Amounts included on Form 990, Part IX,  
Subtract line from line line 25, but not on line 1: 3  
~~~~~ 4  
2e Investment expenses not included on 4a
b ~~~~~ 4b
Other (Describe in Part XIII.)
c ~~~~~ 4c
Add lines and 4a 4b

5 lines and 3 4c. 990, Part I, line 18.) 5
Total expenses. Add (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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.

Open to Public Inspection

Name of the organization
FORT WORTH REPORT
Employer identification number
83-4688357

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes"

Part I Types of Property

| | | 1 | ~~~~~ | (a) (b) (c) (d) |
|--|---|---------------------|--|---|
| Method of determining noncash contribution amounts | | Check if applicable | Number of contributions or items contributed | Noncash contribution amounts reported on Form 990, Part VIII, line 1g |
| Art - Works of art | | | | |
| | household goods | | | |
| 2 3 4 | ~~~~~ | | | |
| Art - Historical treasures | | | | |
| Fractional interests | Cars and other vehicles | | | |
| Books and publications | ~~~~~ | | | |
| | Boats and planes | | | |
| | ~~~~~ | | | |
| | ~ | | | |
| 5 | 8 | | | |
| Clothing and | | | | |
| 11 | or trust interests | | | |
| Securities - Partnership, LLC, | ~~~~~ | | | |
| 12 | Securities - Miscellaneous | | | |
| 13 | contribution - Historic structures | | | |
| Qualified conservation | ~~~~~ | | | |
| | Qualified conservation contribution - Other | | | |
| 14 | | | | |
| 15 16 | ~~~~~ | 18 | | |
| Real estate - Residential Real estate - Commercial | ~~~~~ | Collectibles | | |
| | 17 | ~~~~~ | | |
| | Real estate - Other | ~~~~~ | | |
| | ~~~~~ | 19 | | |
| | ~~~~~ | Food inventory | | |

~~~~~ Taxidermy specimens  
 ~~~~  
20 ~~~~~
 Drugs and **22 23** ~~~~~
 medical supplies Historical **24**
 artifacts Archeological
 artifacts artifacts
21 Scientific ~~~~~

25 26 27 28 Other () Other () Other () X X 45,635. FMV FMV
 FURNITURE COMPUTER Other () 2 1 1,100.

Yes No
 Number of Forms 8283 received by the organization during the tax year for
 contributions for which the organization completed Form 8283, Part V,
 Donee Acknowledgement ~~~~

29
29

30
a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
 must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
 exempt purposes for the entire holding period? ~~~~~ X
30a

b If "Yes," describe the arrangement in Part II. X
 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ~~~~~ **31**

32
a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
 contributions? ~~~~~ X
32a

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
 describe in Part II.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022**

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) :

PART I, COLUMN (B) NOTATES THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O Supplemental Information to
Form 990 or 990-EZ**

OMB No. 1545-0047

232142 09-09-22

Form 990 or Form 990-EZ.

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

**Open to Public
Inspection**

Employer identification number

FORT WORTH REPORT 83-4688357

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DECISION-MAKING,
ADDRESSES THE QUALITY OF LIFE OF OUR COMMUNITY'S CITIZENS, HOLDS OUR POLICYMAKERS

ACCOUNTABLE AND TELLS OUR READERS' STORIES BY LISTENING TO THEM AND MAKING SURE THEY ARE VALUED AND UNDERSTOOD. IN ALL THAT WE DO, EARNING THE TRUST AND RESPECT OF OUR AUDIENCE IS PARAMOUNT. OUR REPORTING WILL BE FREE TO ALL WHO ACCESS OUR PRIMARY DIGITAL CHANNELS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND UNDERSTOOD. IN ALL THAT WE DO, EARNING THE TRUST AND RESPECT OF OUR AUDIENCE IS PARAMOUNT. OUR REPORTING WILL BE FREE TO ALL WHO ACCESS OUR PRIMARY DIGITAL CHANNELS.

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

THE FORM 990 IS SENT TO THE BOARD OF DIRECTORS AND REVIEWED PRIOR TO FILING.

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

AN ANNUAL UPDATE IS MADE TO THE CONFLICT OF INTEREST POLICY AND IS BASED ON SELF-DISCLOSURE.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE ON ORGANIZATIONS WEBSITE AS WELL AS OTHER THIRD PARTY WEBSITES.

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.

Date

Description Method Life Acquired

FURNITURE & FIXTURES

C o n

v

Line No.

Unadjusted Cost Or Basis

Bus % Excl

Section 179 Expense

*

Reduction In Basis

Basis For

Depreciation

Beginning Accumulated Depreciation

Current Sec 179 Expense

Current Year Deduction

Ending

Accumulated Depreciation

1 FURNITURE 12/02/22 SL 7.00 16 42,635. 42,635. 508. 508. * 990 PAGE 10 TOTAL
FURNITURE & FIXTURES
* GRAND TOTAL 990 PAGE 10 DEPR

228111 04-01-22

42,635. 42,635. 0. 508. 508. 42,635. 42,635. 0. 508. 508.

(D) - Asset disposed * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone