Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

A	For the	2018 calendar year, or tax year beginning Sep 1 , 2018, and end	ing Aug 31	, 20 1 9								
В	Check if	applicable: C Name of organization The Ann Richards School Foundation	D Emplo	yer identification number								
	Address	dress change Doing business as 26-4231160										
	Name ch	ange Number and street (or P.O. box if mail is not delivered to street address) Room/s		one number								
	Initial ret		(512)841-4035								
		n/terminated City or town, state or province, country, and ZIP or foreign postal code										
\Box	Amende	3 L' - TV 70704	G Gross	receipts \$ 1,400,065.								
$\overline{\Box}$		on pending F Name and address of principal officer:		r subordinates? Yes No								
		Margaret Hanley, 2206 Prather Lane, Austin, TX 78										
ī .	Tax-exer	npt status: 🗵 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		a list. (see instructions)								
J	Website		H(c) Group exemption	number ►								
K	Form of o	organization: X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form		e of legal domicile: TX								
	art I	Summary										
	1	Briefly describe the organization's mission or most significant activities: The	Ann Richards S	chool Foundation								
e		is established for the purpose of raising funds to en										
au	1	Ann Richards School, a public school within the Austi										
err		Check this box ▶☐ if the organization discontinued its operations or disposed										
9	1	Number of voting members of the governing body (Part VI, line 1a)		29								
જ		Number of independent voting members of the governing body (Part VI, line 1b) 4	29								
ies	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4								
Activities & Governance		Total number of volunteers (estimate if necessary)	6	45								
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.								
	b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.								
			Prior Year	Current Year								
Revenue	8	Contributions and grants (Part VIII, line 1h)	583,240.	758,710.								
	9	Program service revenue (Part VIII, line 2g)	, , , , , , , , , , , , , , , , , , ,									
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	178,814.	236,526.								
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	333,981.	11.000.000								
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,096,035.	1,308,267.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)										
	14	Benefits paid to or for members (Part IX, column (A), line 4)										
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	317,132.	326,498.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,300.								
хре	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 159, 430.										
Ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	723,948.	653,477.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,041,080.	981,275.								
		Revenue less expenses. Subtract line 18 from line 12	54,955.	326,992.								
Net Assets or Fund Balances			Beginning of Current Year	End of Year								
sets	20	Total assets (Part X, line 16)	7,407,179.	7,488,575.								
ot As	21	Total liabilities (Part X, line 26)	22,461.	43,532.								
		Net assets or fund balances. Subtract line 21 from line 20	7,384,718.	7,445,C43.								
P	art II	Signature Block										
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state		my knowledge and belief, it is								
tru	ie, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.									
٠.			07/07/	2020								
Siç	_	Signature of officer Date										
He	ere	Margaret Hanley, Executive Director										
		Type or print name and title										
Pa	nid	1000 Contract Contrac	Date Check									
	epare		07/07/2020 self-em	ployed P00054732								
	se Onl	Firm's name ► Montemayor Britton Bender PC		74-2902112								
		Firm's address ▶ 2525 Wallingwood Drive, Bldg 1, Ste 200, Austin, T	X 78746 Phone no. (5									
Ma	ly the IP	S discuss this return with the preparer shown above? (see instructions)		X Yes No								

Part	·
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Ann Richards School Foundation
	is established for the purpose of raising funds to enhance the programs of the
	Ann Richards School, a public school within the Austin Independent School District.
	Did the approximation and other and similar and approximation of the control of t
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. 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.
4a	(Code:) (Expenses \$ 682,703. including grants of \$
	The Ann Richards School Foundation supplements programming provided by the
	school district. In addition to the fundraising program, enhancement
	programming supported by the Ann Richards School Foundation includes:
	College Bound programming, Science, Technology, Engineering and Math
	programming; teacher professional development summer programs, and other
	curriculum support.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A al	Other program convices (Deceribe in Schedule C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$\frac{1}{2}\$ including grants of \$\frac{1}{2}\$) (Poyonus \$\frac{1}{2}\$)
4	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 682,703.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	- 1	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	2000	×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401-		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	11h		
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		-,	
0.5	If "Yes," complete Schedule G, Part III	19		×
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		×
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? #E:\(\text{lesso}_{15}\) epage/lete Schedule I, Parts I and II	21		×

Part	V 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		×
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part	_ ,			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 41		res	INO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	3b	- 1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over.	- 7	ller i	
	a financial account in a foreign country (such as a bank account, securities account, or other finan		4a		×
b	If "Yes," enter the name of the foreign country: ▶		16.2	200	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).	2		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions	The second secon	6a	×	
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or	7		
	gifts were not tax deductible?	4 9 9 9 4	6b	×	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and				
	and services provided to the payor? , , ,		7a	×	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	×	_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was			
	required to file Form 8282?		7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal by		7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal series 504(x)/7) approximations. Factors	son?	9b		
10	Section 501(c)(7) organizations. Enter:	140-1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	+		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
a	The state of the s	1 Id	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedul	e O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
b	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				
	excess parachute payment(s) during the year?		15		
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	estment income?	16		
	If "Yes," complete Form 4720, Schedule O.				

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . . . 29 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? × 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × Each committee with authority to act on behalf of the governing body? . 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a × b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × 14 14 × Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website ■ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 Margaret Hanley, 2206 Prather Lane, Austin, TX 78704 (512)841-4035

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2018) Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or direct	ot ch	Pos neck ss pe	c) sition more erson direct	e than of the state of the stat	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Ä	ee e			ated		/		
(1) Janet Walkow, PhD Secretary	1.00	×		×				0.	0.	0.
(2) Dr. Pat Forgione Board Member	1.00	×						0.	0.	0.
(3) Susan Johnson, PhD Board Member	1.00	×		7				0.	0.	0.
(4) Mark Williams Board Member	1.00	×						0.	0.	0.
(5) Nicole Covert Board Member	1.00	×						0.	0.	0.
(6) Tricia Katz Board Member	1.00	×						0.	0.	0.
(7) Michelle Milford Morse Board Member	1.00	×						0.	0.	0.
(8) Victor Saenz, PhD Board Member	1.00	×						0.	0.	0.
(9) Andy Esparza Board Member	1.00	×						0.	0.	0.
(10) Nona Niland Board Member	1.00	×						0.	0.	0.
(11)Craig Shapiro, EdD Board Member	1.00	×						0.	0.	0.
(12) Karen Burgess Board Member	1.00	×						0.	0.	0.
(13) Jim Edwards Board Member	1.00	×						0.	0.	0.
(14)Berta Fogerson Board Member	1.00	×						0.	0.	0.
	-	DE1/0				•	•			F 000 (2242)

(A) Name and title (B) Average Pours per Pou	Part VII Section A. Officers, Directors									
Name and title Name and title Average Average Connot check more than one on the product of the product										
Tish Maria Cruz C										
Vest Nation Part	Name and title									
Comparison Co										
Comparison Co										
(15) Maria Cruz	organizations of the control of the									
(15) Maria Cruz										
(15) Maria Cruz										
(15) Maria Cruz										
Board Member	(15) Maria Cruz									
Board Member										
Board Member	(16) Lynn McBee									
Principal										
(18) Ellen Richards 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(17) Kristina Waugh									
Chair Emeritus	Principal									
(19)Lisa Owens	(18) Ellen Richards									
Treasurer (20) Margot Thomas Board Member (21) Kathy Burrell Board Member X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Chair Emeritus									
Compared the compensation and related organization speece of the compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .	(19)Lisa Owens									
Board Member	Treasurer									
(21) Kathy Burrell										
Board Member										
(22) Candace Partridge										
Board Member										
Ca) Cristina Tzintzún										
Board Member (24) Jacquelyn Hawkins Board Member 0. 0. 0. (25) Lisa Kennedy Board Member 1.00 Board Member 0. 0. 0. (25) Lisa Kennedy Board Member 10. 0. 0. Comparison of the compensation from the organization and related organization and related organization speater than \$150,000? If "Yes," complete Schedule J for such individual										
Case										
Board Member (25) Lisa Kennedy Board Member 1.00 Board Member 0.0.0 0.00 Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual A For any individual listed or line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Mit man i stranslav de Odgrese de 100 grese									
25) Lisa Kennedy 1.00 0.0 0										
Board Member 1b Sub-total										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 Yes Note The sum of the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										
reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										
employee on line 1a? If "Yes," complete Schedule J for such individual										
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any form									
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," com									
individual	4 For any individual listed on line 1a									
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual										
for services rendered to the organization? If "Yes," complete Schedule J for such person										
Section B. Independent Contractors										
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax										
year.	The state of the s									
(A) (B) (C)										
Name and business address Description of services Compensation	Name and busin									
2 Total number of independent contractors (including but not limited to those listed above) who	2 Total number of independent and									

received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

		Check if Schedule O contains a re-	sponse or note t	o any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns 1a	10,060.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				- 4	District Control
G E	С	Fundraising events 1c				- 49	
ifts	d	Related organizations 1d				460	
a, ig	e	Government grants (contributions) 1e	_			4.00	
Sil	f	All other contributions, gifts, grants,					0.10
ig E	-	and similar amounts not included above 1f	748,650.			11 10	
호텔		Noncash contributions included in lines 1a–1f: \$	710,000.			46.00	
no br	h	Total. Add lines 1a–1f	***************************************	758,710.	- 4	20 40	10
		Total: Add lilles la-II	Business Code	150, 110.	- 4		7
Program Service Revenue	2a		Business ooue				
Ş.	b						
8					-	-	
ž	C						
Š	d				S. //		
펿	e	All all and an arrangement of the second	-	- 4	-		
rog	f	All other program service revenue .		- 4	_		
	<u>g</u>	Total. Add lines 2a–2f		- 40	-		
	3	Investment income (including dividend other similar amounts)		006 506	M. An		226 506
		Income from investment of tax-exempt to		236,526.	0.	0.	236,526.
	4		A CONTRACTOR OF THE STATE OF TH		-		
	5	Royalties	(ii) Personal				
	60		(iy i diddina				
	6a	Less: rental expenses			,		
	b	Rental income or (loss)	-				
	c d	Nint and all to a company of the col		- 6			
		0.0	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	(ii) Othisi				
	b	Less: cost or other basis and sales expenses .	1				
	С	Gain or (loss)	- 100				
	d	Net gain or (loss)					
anı	8a	Gross income from fundraising	- Y				
Other Revenu		events (not including \$					
Be		of contributions reported on line 1c).	40				
ē		See Part IV, line 18	388,864.				
₹	b	Less: direct expenses	91,798.				
_		Net income or (loss) from fundraising	events . >	297,066.		0.	297,C66.
	9a	Gross income from gaming activities.					
		See Part IV, line 19	a				
		Less: direct expenses , I					
		Net income or (loss) from gaming ac	tivities >				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold , I)				
		Net income or (loss) from sales of in-					
		Miscellaneous Revenue	Business Code				
	11a	Miscellaneous Revenue	900099	6,445.	0.	0.	6,445.
	b	Reimbursement Income	900099	9,520.	9,520.	0.	0.
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		15,965.			
	12	Total revenue. See instructions .	🕨	1,308,267.	9,520.	0.	540 , 037.

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 (B) Program service expenses Do not include amounts reported on lines 6b, 7b, (C) Management and general expenses **(D)** Fundraising (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 47,269. 19,753. 46,873. 113,895. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 60,658. 147,391. 61,170. 25,563. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 42,977. 17,836. 7,454. 17,687. 10 Payroll taxes 22,235. 9,228. 3,856. 9,151. 11 Fees for services (non-employees): Management Legal Accounting 15,375. 0. 15,375. 0. Lobbying 1,300. Professional fundraising services. See Part IV, line 17 1,300. Investment management fees 40,018. f 0. 40,018. 0. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 58,954 0. 58,954. 0. 12 Advertising and promotion . . . 13 1,309. Office expenses 13,232. 1,320. 10,603. Information technology . . 14 2,065. 199. 201. 1,665. 15 Royalties Occupancy 16 Travel 5,069. 1,494. 1,613. 1,962. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 23 nsurance . . Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Enhancement Programs 477,082. 477,082. 0. 0. Program Event Expenses 17,772. 7,493. 0. 10,279. 6,743. 656. 5,436. 651. С 3,397. 0. 3,397. Donor Recognition 0. All other expenses 13,770. 0. 7,806. 5,964. Total functional expenses. Add lines 1 through 24e 981,275. 682,703. 139,142. 159,430. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	10,174.	1	41,063.
	2	Savings and temporary cash investments	108,972.	2	73,C78.
	3	Pledges and grants receivable, net	66,067.	3	21,500.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		4	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	- 6	5	
ets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	1	6	1
Assets	7	Notes and loans receivable, net		7	V
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	- A	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12,107.	9 1		
	b	Less: accumulated depreciation 10b 5,472.	6,339.	10c	6,635.
	11	(SC) (1.89) (SC) (1.75) (SC) (1.15) (SC) (SC) (1.15) (SC)	7,207,625.	11	7,346,299.
	12	Investments—publicly traded securities	1,201,025.	12	1,540,255.
	13	Investments—other securities. See Part IV, line 11	-	13	
	14	Intangible assets		14	
	15		8,002.	15	
	16	Other assets. See Part IV, line 11	7,407,179.	16	7,488,575.
		Total assets. Add lines 1 through 15 (must equal line 34)	22,461.	17	43,532.
	17	Accounts payable and accrued expenses	22,401.	18	43,332.
	18	Grants payable	-		
	19	Deferred revenue ,		19	
	20	Tax-exempt bond liabilities ,		20	/
40	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
<u>ie</u>	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties ,		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
			20 (61	25	12.520
	26	Total liabilities. Add lines 17 through 25	22,461.	26	43,532.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and complete lines 27 through 29, and lines 33 and 34.			-51.00
a	27	Unrestricted net assets	5,205,642.	27	5,275,637.
Ba	28	Temporarily restricted net assets	676,211.	28	665,101.
Net Assets or Fund Balances	29	Permanently restricted net assets	1,502,865.	29	1,504,305.
0 S	30			30	
šet	31	Capital stock or trust principal, or current funds		31	
AS	1	Paid-in or capital surplus, or land, building, or equipment fund	-	32	
et/	32	Retained earnings, endowment, accumulated income, or other funds .	7,384,718.	33	7,445,C43.
Ž	33 34	Total net assets or fund balances	7,384,718.	-	7,488,575.
	J 34	Total liabilities and net assets/fund balances	1,401,119.	34	Form 990 (2018)

Form 990 (2018) Page **12**

				-
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			×
1	Total revenue (must equal Part VIII, column (A), line 12)	1,3	08,2	67.
2	Total expenses (must equal Part IX, column (A), line 25)	9	81,2	75.
3	Revenue less expenses. Subtract line 2 from line 1	3.	26,9	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	7,3	84,7	18.
5	Net unrealized gains (losses) on investments	-2	66,6	67.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	7,4	45,C	43.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	* *		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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			
b	Were the organization's financial statements audited by an independent accountant?	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			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	15	-	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	12	- 1	
	the Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	F	

Form **990** (2018)

The Ann Richards School Foundation 26-4231160

Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

Continuation Statement

Name and title	hours	week any for ted ations the	direc C2 - C3 - C4 - C5 - emple	Inst Offi Key High	vidua ituti cer emplo est c	onal	trust	cee	Reportable compensation from the organization (W-2/1099-MISC)	compensation compensation compensation from the from related from the organization organizations	
			C1	C2	C3	C4	C5	C6			
Katherine McLane Vice Chair	1.00		X		X				0.	0.	0.
Theresa Alvarez Chair	1.00		Х		Х				0.	0.	0.
Kristen Vassallo Board Member	1.00		Х						0.	0.	0.
Christann Vasquez Board Member	1.00		Х						0.	0.	0.
Jennifer Long	40.00				Х	Х					
Executive Director					Λ	Λ			116,001.	0.	8,123.
									116,001.	0.	8,123.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Inspection Employer identification number

The	Ann	Richards School Fo	oundation				26-4231160	
Par	1	Reason for Public Cha	arity Status (A	II organizations must	comple	ete this p	art.) See instructio	ns.
The o	rgani	zation is not a private found	ation because it	t is: (For lines 1 through	12, che	ck only or	ne box.)	
1		church, convention of chur						- 10
2		school described in section		A STATE OF THE PARTY OF THE PAR				N 10
3		hospital or a cooperative he						76.0
4	_	medical research organizat ospital's name, city, and sta	No. of the contract of the con	conjunction with a hosp	oital des	cribed in s	section 170(b)(1)(A)(iii). Enter the
5		n organization operated for ection 170(b)(1)(A)(iv). (Con		a college or university	owned	or operate	ed by a government	al unit described in
6 7	X A	federal, state, or local gove n organization that normally escribed in section 170(b)(receives a sub	stantial part of its sup			10 To	the general public
8		community trust described			Part II.)	#		
9	_	n agricultural research orga				perated in	conjunction with a la	and-grant college
	Or Ur	runiversity or a non-land-gr niversity:	ant college of a	griculture (see instruction	ons). Ent	er the nar	ne, city, and state of	the college or
10	re St	n organization that normally ceipts from activities related apport from gross investment cquired by the organization	d to its exempt to the income and u	functions—subject to conrelated business taxal	ertain ex ble incor	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 331/3% of its
11		n organization organized an	d operated excl	usively to test for public	c safety.	See sect	ion 509(a)(4).	
12		n organization organized an						
		f one or more publicly supp heck the box in lines 12a thr						
а		Type I. A supporting orga			A SECONDARY	-1	the first of the first of the same	
-	_	the supported organization						
		supporting organization.						
b		Type II. A supporting orga	anization superv	ised or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management or organization(s). You must				e persons	that control or mana	age the supported
С		Type III functionally inte	grated. A suppo	orting organization oper	rated in			ally integrated with,
d		its supported organization Type III non-functionally					보기 마음이 살아내는 사람이다.	orted organization(s)
ŭ	-	that is not functionally into requirement (see instructi	egrated. The org	ganization generally mus	st satisfy	a distribi	ution requirement an	
е		Check this box if the orga functionally integrated, or						e II, Type III
f	Ent	er the number of supported						
g g		vide the following information				T d di		9.4
		me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the listed in yo	organization our governing ument?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		-67			Yes	No		
(A)					II.E	ir ta		
(B)		074						
(C)		0						
(D)								
(E)								
Total								

Schedule A (Form 990 or 990-EZ) 2018 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total Gifts, grants, contributions. 1 membership fees received. (Do not include any "unusual grants.") . . . 1,172,946. 1,086,707. 379,937. 583,240. 758,710.3,981,540. levied 2 revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 379,937. 583,240. 758,710.3,981,540. 4 Total. Add lines 1 through 3 1,172,946. 1,086,707. The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 519,214. Public support. Subtract line 5 from line 4 3,462,326. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (b) 2015 (d) 2017 (e) 2018 (f) Tota 7 1,172,946. 1,086,707. 379,937. 583,240. 758,710.3,981,540. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 68,305. 150,056. 19,502. 178,814. 236,526. 653,203. Net income from unrelated business 9 activities, whether or not the business is regularly carried on , 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) -22,740.17,081. 256,241. 426,351. 15,965. 692,898. Total support. Add lines 7 through 10 11 5,327,641. Gross receipts from related activities, etc. (see instructions) 12 388,864. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 64.59% 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
	supported organization	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	_

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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, piease c	omplete Part	11.)	
	on A. Public Support						
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees			11 0 0			
0	received. (Do not include any "unusual grants.")					-	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			10			O
	furnished in any activity that is related to the					46.	70.
	organization's tax-exempt purpose			11		1	. 200
3	Gross receipts from activities that are not an				- 4	7	400
	unrelated trade or business under section 513				100	20	W
4	Tax revenues levied for the				4.70	M7 - 10-	
	organization's benefit and either paid to				1.00	St. 10"	
	or expended on its behalf				46.	-	
5	The value of services or facilities				4	-	
	furnished by a governmental unit to the			100			
	organization without charge				The second	0	
6	Total. Add lines 1 through 5			- 40	300	1.0	4
7a	Amounts included on lines 1, 2, and 3		- I	. 1	4	1	
	received from disqualified persons .			40			1
b	Amounts included on lines 2 and 3			11 1	-		
	received from other than disqualified		14	Sec. 100			
	persons that exceed the greater of \$5,000			100	100		
	or 1% of the amount on line 13 for the year		4000				
С	Add lines 7a and 7b			~ ~			
8	Public support. (Subtract line 7c from			100			
	line 6.)			20			
Secti	on B. Total Support	A		100			-1.1
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		-	14-7	1787	1173	
10a	Gross income from interest, dividends,		7				
	payments received on securities loans, rents,	Allen		10 -			
	royalties, and income from similar sources .	The same	in a				
b	Unrelated business taxable income (less	10.4					
	section 511 taxes) from businesses	100					
	acquired after June 30, 1975	100					
С	Add lines 10a and 10b	- W				7-	
11	Net income from unrelated business						
	activities not included in line 10b, whether			17 7			
	or not the business is regularly carried on	All					
12	Other income. Do not include gain or						
	loss from the sale of capital assets	di.					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1	1	1	14
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop her	е		e e e e			
Secti	on C. Computation of Public Support	t Percentag	e				
15	Public support percentage for 2018 (line 8					15	%
16	Public support percentage from 2017 Sch					16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (li	ine 10c, colum	nn (f), divided b	y line 13, colu	umn (f))	17	%
18	Investment income percentage from 2017					18	%
19a	331/3% support tests—2018. If the organization						
	17 is not more than 331/3%, check this box a		_	•		_	_
b	331/3% support tests—2017. If the organization						
	line 18 is not more than 331/3%, check this b	ox and stop h	ere. The organi	ization qua l ifies	s as a publicly s	upported orgar	nization 🕨 🗀
20	Private foundation. If the organization did	d not check a	hox on line 14	19a or 19h	check this hox	and see instru	ctions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	7	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	+1	
Secti	on B. Type I Supporting Organizations			
	the state of the s		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	8	7	
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, supervised, or controlled the supporting organization.	2		
Socti	on C. Type II Supporting Organizations			
Secu	on c. Type it 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	res	No
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	-		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.		struct	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	A	
4 Add lines 1 through 3.	4	- 46	
5 Depreciation and depletion	5	A 7	N 10
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	.4	Y
7 Other expenses (see instructions)	7	- // -	400
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	- 4	
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	A		
a Average monthly value of securities	1a	1.07	
b Average monthly cash balances	1b	100	
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d	A	
e Discount claimed for blockage or other factors (explain in detail in Part VI):	6		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	V	
3 Subtract line 2 from line 1d.	3		1
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		La dilliana and
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			- W
6	Other distributions (describe in Part VI). See instructions.		-An	Th. 11
7	Total annual distributions. Add lines 1 through 6.		- 0	70.07
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	A.
9	Distributable amount for 2018 from Section C, line 6		A 150	100
10	Line 8 amount divided by line 9 amount		- 4	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	- All	7 30	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.	1	~	
3	Excess distributions carryover, if any, to 2018			
a	From 2013		A .	
b	From 2014		All .	
	From 2015		E .	
d	From 2016			
е	From 2017	- The - 10		
f	Total of lines 3a through e	W 1997		
g	Applied to underdistributions of prior years			
<u></u>	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)	N - AV		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016 ,			
d	Excess from 2017			
е	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II L	n 10: Other Income Part II, Line 10 Description: Special Events 2014:
-23963.	2015: -4643. 2016: 221258. 2017: 359803. 2018: 0. Description: Miscellaneous
Revenue	2014: 1223. 2015: 21724. 2016: 34983. 2017: 66548. 2018: 15965.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number The Ann Richards School Foundation 26-4231160 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . , Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Schedule D (Form 990) 2018 Page **2**

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures, or (Other Similar Ass	sets (continued)	
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of the foll	owing that are a si	gnificant use of its	
а	☐ Public exhibition		d	Loan	or exchange pro	grams		
b	☐ Scholarly research		е	Other	·			
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization	solicit or receive	donation	s of art,	historical treasu	res, or other simila	r	
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part	IV Escrow and Custodial Arra	ingements.				7/ 1		
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line 9, o	or reported an am	ount on Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee,					or other assets no	The state of the s	
	included on Form 990, Part X?						☐ Yes ☐ No	
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing ta	able:	A.	t	
	D. of sold and for Land						nount	
C	Beginning balance					1c		
d	Additions during the year					ld		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							
Par	If "Yes," explain the arrangement in Pa	art XIII. Check her	e ii the e	xpianatioi	n nas been prov	ded on Part XIII .		
ı aı	Complete if the organization	answered "Ves	" on For	m 000 E	Part IV line 10			
	Complete if the organization	(a) Current year		or year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	6,288,858.		3,042.	2,339,470			
b	Contributions	252,560.		1,381.	8,605			
C	Net investment earnings, gains, and	232,360.	3,41	1,301.	0,603	13,442.	1,004,010.	
·	losses	-111,534.	270	9,907.	249,931	. 143,489.	-108,674.	
d	Grants or scholarships	-111,554.	37:	9, 901.	249,931	143,409.	-100,074.	
e e	Other expenditures for facilities and					-		
C	programs	30,242.	01	5,472.	14,964	. 13,479.	5,623.	
f	Administrative expenses	30,242.	0.	1412.	14,964	. 13,479.	3,023.	
g	End of year balance	6 399 642	6 285	8 858	2 583 042	. 2,339,470.	2,196,018.	
2	Provide the estimated percentage of t						2,150,010.	
a	Board designated or quasi-endowmer		%	e (iii le 19	, coluitiii (a)) Hei	u as.		
h	Permanent endowment ▶	%	/0					
c	Temporarily restricted endowment ▶	%						
·	The percentages on lines 2a, 2b, and		00%					
3a	Are there endowment funds not in the			zation tha	at are held and :	administered for the	2	
-	organization by:	possession or a	io organi	Lation the	ar are riola and r	arminotorou for the	Yes No	
	(i) unrelated organizations						3a(i) ×	
	(ii) related organizations						3a(ii) ×	
b	If "Yes" on line 3a(ii), are the related of		80 B B				3b ×	
4	Describe in Part XIII the intended uses						0.0	
Part								
	Complete if the organization		" on For	m 990. F	Part IV. line 11a	. See Form 990.	Part X. line 10.	
	Description of property	(a) Cost or ot				Accumulated	(d) Book value	
		(investm	ent)	(0	ther)	depreciation		
1a	Land		0.				0.	
b	Buildings			2				
С	Leasehold improvements							
d	Equipment			1	12,107.	5,472.	6,635.	
е	Other							
Total	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90 Part	X column	(R) line 10c)		6.635	

 BAA

Schedule D (Form 990) 2018

	Investments — Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	11h See Form 990 Part V line 13
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
•	Il derivatives		
2) Closely- 3) Other	held equity interests	*	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on	Form 990 Part IV line	11c. See Form 990. Part X. line 1:
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1)		-	Oust of end-or-year market value
2)		- A	
3)		6.7	V
4)			7
5)		487	
6)			
7)			
8)			
(9)	And the second and the second second		
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	- A	
Part IX	Other Assets.	2.00	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	
	(a) Description		(b) Book value
2)		-	
2) 3)		-	
2) 3) 4)		-	
2) 3) 4) 5)		-	
2) 3) 4) 5)		-	
2) 3) 4) 5) 6)		-	
2) 3) 4) 5) 6) 7)			
(1) (2) (3) (4) (5) (6) (7) (8) (9)	ump (b) must equal Form 990. Part X. col. (B) line 15.)		
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu			•
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Liabilities.		
2) 3) 4) 5) 6) 7) 8) 9)	Other Liabilities. Complete if the organization answered "Yes" on		
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8) 9) otal. (Columbia) Part X 1) Federal i 2) 3) 4) 5)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8) 9) otal. (Columbia (Columbia) 1) Federal i 2) 3) 4) 5) 6)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8) 9) otal. (Columnation (Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	
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2) 3) (4) (5) (6) (7) (8) (9) otal. (Columbia) (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	

Schedule D (Form 990) 2018 Page **4**

Part		Returi	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,093,380.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	20	
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	-174,869.
3	Subtract line 2e from line 1	3	1,268,249.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100	700
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	40 010
с 5	Add lines 4a and 4b	4c	40,C18.
		7000	1,308,267.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rhett	ırn.
1	Total expenses and losses per audited financial statements	1	1,033,055.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	7.1	1,033,633.
a	D. C.		
b			
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	91,798.
3	Subtract line 2e from line 1	3	941,257.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		341,207.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	40,018.
с 5		4c	40,018. 981,275.
	Add lines 4a and 4b	-	
5 Part Provid	Add lines 4a and 4b	5 ; Part \	981, 275. /, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	5 ; Part \	981, 275. /, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	5 ; Part \	981, 275. /, line 4; Part X, line
5 Part Provid 2; Part	Add lines 4a and 4b	5 ; Part \ formati	981, 275. /, line 4; Part X, line
5 Part Provid 2; Part	Add lines 4a and 4b	5 ; Part \ formati	981, 275. /, line 4; Part X, line
5 Part Provid 2; Part Pt V	Add lines 4a and 4b	5; Part \formati	981, 275. /, line 4; Part X, line on.
5 Part Provid 2; Part Pt V of s	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in the first term of the second provide and the second provid	5; Part \ formati	981, 275. /, line 4; Part X, line on.
5 Part Provid 2; Part Pt V of s	Add lines 4a and 4b	5; Part \ formati	981, 275. /, line 4; Part X, line on.
5 Part Provid 2; Part Pt V of s wil	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in the formation of the endowment fund was established to provide a stable sour support for enhancement programming. Investment earnings from these formations and operations. Endowment funds are used for Enhancement programs and operations. Endowment funds are	Fart \ Formation	981, 275. /, line 4; Part X, line on.
5 Part Provid 2; Part Pt V of s wil	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in the first term of the second provide and the second provid	Fart \frac{1}{2} formation of the control of the co	981, 275. /, line 4; Part X, line on.
5 Part Provid 2; Part Pt V of s wil	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in the formation of the endowment fund was established to provide a stable sour support for enhancement programming. Investment earnings from these formations and operations. Endowment funds are used for Enhancement programs and operations. Endowment funds are	Fart \formation formation for the second sec	981,275. /, line 4; Part X, line on. ended
Pt V of s wil to p and	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **Supplemental Information.** The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in the first part of the Endowment Fund was established to provide a stable sour apport for enhancement programming. Investment earnings from these first used for Enhancement programs and operations. Endowment funds are rovide long-term sustainability for the organization's operations and to support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the content of the support programs at the Ann Richards School that are beyond the support programs at the Ann Richards School that are beyond the support programs at the support program	Fart \formation formation for the second sec	981,275. /, line 4; Part X, line on. ended
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Schedule D (Fo	vm 990) 2018	Page 🕻
Part XIII	Supplemental Information (continued)	
		
		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number The Ann Richards School Foundation 26-4231160 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e Solicitation of non-government grants Mail solicitations а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Reach for the Stars	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	388,864.			388,864.
Ä	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	388,864.			388,864.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			A >	
ct Exp	7	Food and beverages	73,223.			73,223.
Dire	8	Entertainment	4,900.			4,900.
	9	Other direct expenses .	13,675.			13,675.
	10 11	Direct expense summary. Ad Net income summary. Subtra	· (1) 이렇게 하면 아니라는 하다 하는 것이 되었다. 그렇게 보고 보고 하는 것이 없는 것이 없는 것이 없다.		:	91,798. 297,066.
Pa	rt III		e organization answe		990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes	× X			
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No No	□ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a I s		onduct gaming activities	s in each of these states		Yes No
10		/ere any of the organization's g	_	, suspended, or termina		

11	Does the organization conduct gaming activities with nonmembers?	Yes Yes ■	∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□No
13	Indicate the percentage of gaming activity conducted in:	00	
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address ▶		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	M = 2		
	Name ▶		
	A didwood N		
	Address►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

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Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
The Ann Richards School Foundation	26-4231160
Pt VI, Line 11b: The Executive Director and the Treasure	er review the Form 990.
Notice is sent to the Finance Committee and full board f	for review prior to submission.
Pt VI, Line 12c: The conflict of interests policy is inc	cluded in the organization's
by-laws. At the beginning of the fiscal year each board	member is required to
sign a conflict of interest form.	
Pt VI, Line 15a: A review of industry standards and a ra	ange for fees were approved
by the Executive Committee for employed individuals.	
Pt VI, Line 19: Financial statements, conflict of interedocuments are made available upon request.	
Pt XI: Form 990(2017), Part XI, line 5, page 12 - Other or fund balances: Net Unrealized Gain on Investments of	
